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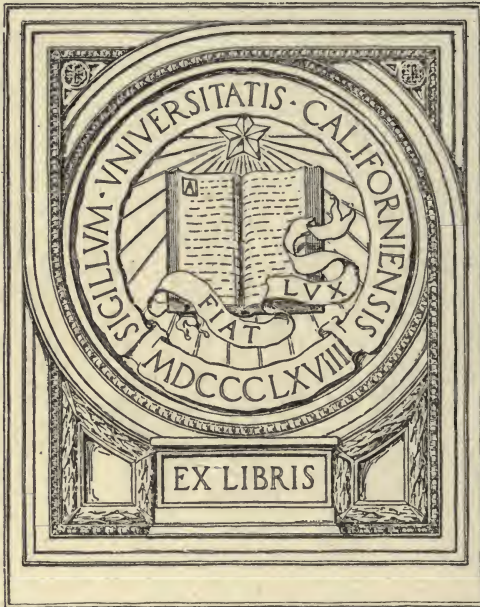
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*Kansas State Board of Health*



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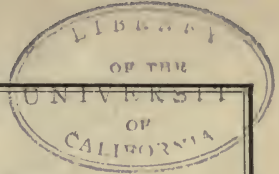
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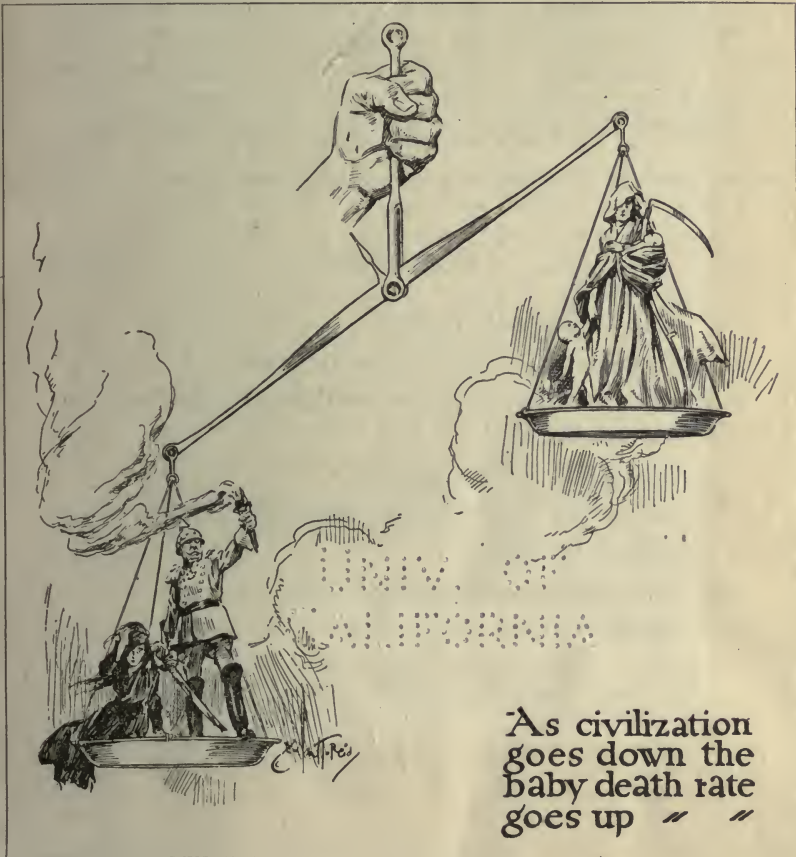
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# HANDBOOK OF CHILD HYGIENE



As civilization  
goes down the  
baby death rate  
goes up " "

LYDIA ALLEN DEVILBISS, M. D., DIRECTOR  
DIVISION OF CHILD HYGIENE  
KANSAS STATE BOARD OF HEALTH  
TOPEKA

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BULLETIN OF  
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S. J. CRUMBINE, M. D., SECRETARY.

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## THE WHITE HOUSE, WASHINGTON.

*My Dear Mr. Secretary:*

*Next to the duty of doing everything possible for the soldiers at the front, there could be, it seems to me, no more patriotic duty than that of protecting the children, who constitute one-third of our population.*

*The success of the efforts made in England in behalf of the children is evidenced by the fact that the infant death rate in England for the second year of the war was the lowest in her history. Attention is now being given to education and labor conditions for children by the legislatures of both France and England, showing that the conviction among the Allies is that the protection of childhood is essential to winning the war.*

*I am very glad that the same processes are being set afoot in this country, and I heartily approve the plan of the Children's Bureau and the Woman's Committee of the Council of National Defense for making the second year of the war one of united activity on behalf of children, and in that sense a children's year.*

*I trust that the year will not only see the goal reached of saving one hundred thousand lives of infants and young children, but that the work may so successfully develop as to set up certain irreducible minimum standards for the health, education and work of the American child.*

*Cordially and sincerely yours,*

(Signed) WOODROW WILSON.

### Results of the Draft Examination.

"It is not an army we must shape and train for war, it is a nation."—*President Wilson.*

#### *Report of the Provost Marshal General:*

Total men called by draft .....	3,802,946
Total examined by local boards .....	2,510,706
Total rejected by local boards for physical reasons	730,756
Percentage of those examined rejected .....	29.11
Add 5.8 percent rejected at cantonments (estimated) .....	33.11

There is no disputing these figures. There is no sentiment attached to them; they are the cold facts obtained by military machinery. If one-third of American manhood between the ages of 21 and 31 is so physically defective as to be rejected for military service, what is to be expected of those under 21 and past the age of 31?\*

The most superficial analysis of the causes for which men are rejected for service shows that more than 60 percent of these defects are preventable; that 30 percent are due to poor general physical condition, which can be remedied by proper feeding, by proper attention to personal hygiene and physical training; that another 30 percent are due to defective eyes and teeth, including bad mouth conditions; and that only 10 percent are due to neglected surgery.

An analysis of the purely preventable defects for which these men have been rejected shows that they are not acute or of recent occurrence, but that they are chronic conditions—that is, they have existed for years, many of them from early childhood. A little more attention to the physical needs of children, correction of their minor defects while they are still easily remedied, and proper health protection of the growing boys and girls would result in a very different health and efficiency analysis of the adult population.

With these figures, is there any further argument needed as to the value of child hygiene and of the necessity of pushing health protection to include all citizens?

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\* Dr. Eugene L. Fiske, *Journal of the American Medical Association.*



## **The Significance of the Declining Birth Rate.\***

The study of American demography reveals a problem of the greatest possible moment. Changes have been progressing in the internal structure of our population which have, for the most part, escaped attention and which, if allowed to continue, will result in very serious national embarrassment. Conditions of war bring into relief the necessity for a vigorous and efficient population. It is not too much to say that the present tendencies in our national and family life are such as seriously threaten the development of groups in the population on which we must rely for vigor and efficiency in thought and action.

Superficially the growth of American population at present appears to be very satisfactory. Each census shows a marked increase in total population. Our birth rate is probably about 25 per 1,000, and the death rate for the entire country not far from 15 per 1,000. The difference between the birth and the death rate, the rate of natural increase, is about 10 per 1,000, or one percent annually. On the surface this is a very good showing. It is when we observe the varying tendencies in the several groups and in the several sections of the country that the real situation becomes apparent.

The marked increase in our total population is in large measure the result of two factors: (1) immigration, and (2) a high rate of increase among the foreign-born rather than among our native stock. This is shown by the constantly decreasing proportion which the native whites of native parentage form of the total white population. This decreased from 67.8 percent of the whole in 1870 to 60.5 percent in 1910. In the New England states the proportion of native white stock decreased from 52.3 percent of total in 1890 to 40.3 percent in 1910. In the Middle Atlantic states the native white stock decreased from 51.8 percent in 1890 to 44.5 percent (or less than half) in 1910.

Native stock is playing an even smaller part in the composition of the total population and a very definite tendency toward depopulation has already fastened itself upon a large part of the native stock of the country.

There has been a marked and continuous reduction in the general birth rate in the United States for a period of years. In the absence of comprehensive birth statistics, such as are available for European countries, we may arrive at this through computing the number of children under five years of age per thousand women in the child-bearing ages, namely, 15 to 44 years, inclusive.

Professor Willcox in a recent paper has shown that this proportion has decreased about 50 percent in the course of the last hundred years. At the beginning of the century there were 976 children under five for every thousand women between the ages of 15 to 44 years, whereas in 1910 the number was only 508 per thousand women at these ages. Dur-

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\* From an address delivered by Louis I. Dublin before the American Association for Advancement of Science, December, 1917.

ing the 60 years between 1850 and 1910 the number of children under 5 per thousand women at the child-bearing ages decreased in the United States by 191, or at an average of 32 in each decade. The rate of decline in the recent decades has been so rapid that Professor Willcox suggests, amusedly, that if it were continued over a period of a century and a half, which is comparatively short time in the life of a nation, there would be no children at all at the end of that time.

This reduction in birth rate has been severely selective and has affected mostly our native stock, and among these especially the groups who are socially and economically best fitted to bear and rear large families to maturity.

A tabulation of the 1910 census returns shows that women of native parentage who had been married from ten to twenty years showed an average of 2.7 children, while the corresponding group of foreign-born women averaged 4.4 children per married woman. Thirteen percent of the group of married women of native stock had borne no children, while only 5.7 percent of the foreign-born group were childless.

Additional evidence of the selective character of the declining birth rate is presented in special studies on the size of families of college graduates and men of science. The birth rate among graduates of Harvard and Yale during the decade between 1850 and 1860 was 3.25; for the decade 1880-'90 it was a little over 2. The number of children per married-woman graduate of Smith College was 1.3; of Vassar 1.6; of Bryn Mawr 1.7; of Holyoke 1.8. The ratio of children per graduate for all of those colleges is less than one, due to the fact that less than 50 percent of graduates of women's colleges marry. According to Professor Cattell's study of the families of 643 American men of science, they had come from families averaging 4.7 children, while their own families averaged only 2.3 children.

Allowing for sterile marriages, child mortality, and failure to marry, it is estimated that productive unions must average at least four children in order to maintain the population at a stationary figure. It will become readily apparent that the best blood of America is being constantly thinned out and replaced by a stock of a different order.

Remedy: 1. Inculcate the ideal into our educational life that our intellectual, economic and social advancement must be carried forward not only as tradition, but especially in terms of new, vigorous and worthy personalities.

2. Reconstruct our higher education for women and make it provide primarily an adequate conception of and preparation for the vocation of motherhood.

3. State reward, both by esteem, and by subsidy when necessary, of all healthy and eugenically sound families which reach or exceed the normal size.

## Infant Mortality.

The term infant mortality, used technically, applies to death of babies under one year of age.

The infant mortality rate is the statement of the number of the deaths of such infants in a given year per *live* 1,000 births in the same year.\*

*The infant mortality rate is considered the most sensitive index we possess to social welfare. It reflects at once conditions which improve or interfere with the normal health or life of the community. As conditions which make for a normal family and community life are improved, the infant death rate decreases. When these conditions are disturbed, the rate correspondingly increases. The infant mortality rate, therefore, may be taken as the barometer of the social welfare of the community.*

The state of Kansas enjoys a relatively low infant mortality rate compared with other states. According to the birth statistics, Bureau of Census, for the birth registration area for 1915 (the latest figures available), the highest state infant mortality rate was 129 and the lowest 69.

The division of Vital Statistics of the State Board of Health was established in July, 1911. The Division of Child Hygiene was established in July, 1915.

The Kansas infant mortality rates for the period for which records are available are as follows: 1912, 74; 1913, 88; 1914, 77; 1915, 70; 1916, 68.8; 1917, 77.

In 1916 there were 41,163 births reported and 2,832 deaths of babies under one year of age—an infant mortality rate of 68.8, the lowest for the six-year period.

In 1917 there were 38,611 births reported and 3,005 deaths—an infant mortality rate of 77.

The total number of births for 1917 was 2,552 less than for 1916. The total number of baby deaths for 1917 was 173 greater than for 1916.†

The infant mortality rate proper does not as yet include stillbirths. The number of stillbirths reported for 1916 was 1,328, and for 1917 was 1,203. Stillbirths have not shown any appreciable decrease during the six-year period, but are rather on the increase. This increase may be relative rather than actual and may be due to improvement in birth and death reporting.

Of the 2,832 infants under one year of age who died in 1916, 1,462, or slightly more than half, died of congenital malformation, premature birth or congenital debility. Of the 3,005 deaths of infants under one year who died in 1917, 1,394 deaths are charged to these causes.

If we add to these figures 1,328 reported stillbirths in 1916, and 1,203 in 1917, we have as a total for the two-year period 5,397 babies *who never had a chance to live*.

\* An exact method of determining the infant mortality rate would require a study of babies born in a given year who died before reaching their first birthday, but for practical purposes the infant mortality rate is determined as above.

† Whooping cough, measles and broncho-pneumonia were principally responsible for this increase of 173 deaths. Broncho-pneumonia, which is a secondary infection following measles, whooping cough, scarlet fever and other children's diseases, alone was responsible for 107 of the 173 increase.



These figures do not take into consideration the indefinite number of infant lives lost through intrauterine mortality. There is no doubt but that the number of miscarriages and abortions, if they were reported, would equal if not exceed both the stillbirths and congenital mortality.

This represents an enormous waste. In dollars and cents alone it commands attention. Allowing an average minimum of \$50 expense for each of the 5,387 nonproductive confinements, it represents a cash loss of at least \$269,350. The loss in cash is the smallest item. It is not possible to estimate the cost in suffering to the mother and her resulting ill health. Frequently she must even lose her own life. This economic and social waste demonstrates the importance of conserving the child life of the commonwealth.

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### Studies in Infant Mortality.\*

Studies in infant mortality have been undertaken by the National Children's Bureau in various communities of the United States. These communities have varied greatly—city and rural, industrial centers, and suburban residence districts.

While there is a great difference in the infant mortality figures obtained between a city and a rural district, or between an industrial center and a wealthy suburban residential district, yet in all communities certain factors in every instance are found to influence the infant mortality rate.

Complete statistical data on the relation of these factors to infant mortality is not available for Kansas. The figures and percentages obtained by such an investigation (if it were possible to undertake it) would no doubt vary widely from figures obtained in other parts of the United States, just as they would vary widely in the various communities of Kansas. However, the *relation* of these factors to infant mortality would not be altered.

For practical purposes the results of these investigations conducted elsewhere may be taken as an indication of the lines along which public-health work must be directed if the infant mortality rate of Kansas is to be reduced to the minimum.

#### FATHERS' EARNINGS AND INFANT MORTALITY.

The infant mortality rate shows a marked and almost regular decline as the father's earnings become larger. For the group of babies in which the father's earnings are less than \$450 per annum, the infant mortality rate is 242.9 per 1,000 live births, while in the next group, in which the father earns from \$450 to \$549, the rate is 173.6. It rises very slightly in the next class, \$550 to \$649, to 174.5, and thereafter drops steadily with each advance in economic status. The rate, however, does not fall below 100 until the father's earnings reach \$1,050 or more. Babies whose fathers earn \$1,250 and over per annum have a death rate of only 58.3.

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\* Statistical tables and data from "Studies in Infant Mortality," National Children's Bureau.



#### HOUSING AND INFANT MORTALITY.

Low wages and small income for the family necessarily result in cheap rents and poor housing conditions. Bad housing and insanitary environment are accompanied by high infant mortality rates.

The homes of 1,510 babies visited had street frontage; 129 had alley frontage. Conditions in and around alley and rear houses were found to be almost uniformly bad, and the infant mortality rate for babies in such houses was high. Live-born babies in these houses numbered 123, or 7.9 percent of the whole number. These babies died at a rate of 227.6 per 1,000 live-births, while the death rate among babies in homes with a street frontage and a good sanitary environment was only 159.4.

#### ROOM CONGESTION AND INFANT MORTALITY.

Room congestion has a direct influence on the infant mortality rate. Of the live-born babies included in this investigation 42.5 percent came from homes in which the number of persons, exclusive of the baby, averaged less than 1 per room; 46 percent in which the average was 1 but less than 2; 6.8 percent from homes in which the average was 2 but less than 3; and 1 percent came from homes in which the average number of persons per room was from 3 to 5.

The infant mortality rate showed a steady increase according to the number of persons per room. Where the average number of persons to the room was less than 1, the infant mortality was 123.3; where the average was more than 1 but less than 2, the infant mortality rate was 177.8; where the average number of persons to a room was 2 or more but less than 3, the infant mortality rate was 261.7.

#### EMPLOYMENT OF MOTHER DURING PREGNANCY AND INFANT MORTALITY.

Work during the year before baby's birth exerts a marked influence on the infant mortality rate. Nearly half of the entire number of babies included in the investigation had mothers who had engaged in gainful employment at some time during the year previous to the baby's birth. The occupations included 504 cases where the work was away from home, 427 of which consisted of employment in the textile mills and 47 in other factories.

Babies of mothers gainfully employed during the year preceding the baby's birth had a mortality rate of 199.2, whereas the rate for babies of mothers who were not so employed was 133.9. The rate for babies of mothers whose gainful work was in the home was 149.8; for babies whose mothers worked away from home, 227.5.

#### THE EMPLOYMENT OF MOTHERS DURING PREGNANCY AND STILLBIRTHS.

The results upon stillbirths of a mother's work during pregnancy show that mothers gainfully employed have a higher percentage of stillbirths than all mothers, or than those mothers not gainfully employed. The highest percentage occurs among mothers gainfully employed away from home, and the lowest among those gainfully employed at home.

#### EMPLOYMENT OF MOTHER DURING FIRST YEAR AFTER BABY'S BIRTH AND INFANT MORTALITY.

The employment of a mother during the first year after the baby's birth exerts an influence on infant mortality, especially if complicated by low wages and insufficient food and rest. A mother's intelligence and care are also reflected in the infant mortality, although the mother's ignorance often is a consequence of her low wages and of being compelled to work at an early age.

The employment of a mother during the first year of her baby's birth directly interferes with breast feeding, and the lack of breast feeding in turn raises the baby death rate. It is impracticable for a mother to be gainfully employed away from home and to breast feed a young infant. *A baby may be bottle fed at six months with comparative safety. He may be bottle fed at three months if extreme care is exercised. To put a baby under three months of age on a bottle is an exceedingly hazardous undertaking.*

#### BREAST FEEDING AND INFANT MORTALITY.

The chance of survival for babies deprived of breast milk at an early age is decidedly less than that for babies nursed for a longer period. A comparison of the breast fed and artificially fed babies from any month up to its ninth month reveals the fact that the percentage which fails to survive infancy is from two to five times higher among the artificially fed babies than among the exclusively breast fed.

#### LARGE FAMILIES AND INFANT MORTALITY.

There is a higher mortality in the larger families. Combinations of four or less pregnancies are, for convenience, considered as Group 1, while the combinations of over four are designated Group 2. The differences in rates in the two groups are notable. The infant mortality is much lower for the first than for the second group.

	REPORTABLE PREGNANCIES FOR MARRIED MOTHERS.	Infant mortality rate.
Group 1:		
2 or less.....		108.5
3 or less.....		124.7
4 or less.....		119.2
Group 2:		
Over 4 .....		171.5
Over 5 .....		178.8
Over 6 .....		183.9

#### ILLEGITIMACY AND INFANT MORTALITY.

Of the 1,551 babies included in this investigation, 34, or 2.2 percent, were born out of wedlock. Nine of the 32 illegitimate babies born alive died during their first year.

#### MATERNAL MORTALITY.\*

The sickness or death of the mother inevitably lessens the chances of the baby for life and health. A large proportion of the deaths of babies occur in the first days and weeks of life. These early deaths can be

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\* From "Studies in Maternal Mortality," by the National Children's Bureau.

prevented only through proper care of the mother before and at the birth of her baby.

In 1913 in this country at least 15,000 women, it is estimated, died from conditions caused by childbirth; about 7,000 of these died from child-bed fever, a disease proved to be almost entirely preventable, and the remaining 8,000 from diseases now known to be to a great extent preventable or curable. Physicians and statisticians agree that these figures are a great underestimate.

In 1913 childbirth caused more deaths among women 15 to 44 years old than any disease except tuberculosis. The death rates from childbirth and from child-bed fever for the registration area of this country are not falling; during the 13 years from 1900 to 1913 they have shown no demonstrable decrease. During that time the typhoid death rate has been cut in half, the death rate of tuberculosis markedly reduced, and the death rate for diphtheria reduced to less than one-half.

The low standards at present existing in this country result chiefly from two causes: (1) General ignorance of the dangers connected with childbirth, and of the need for proper hygiene and skilled care in order to prevent them; (2) difficulty in the provision of adequate care due to special problems characteristic of this country. Such problems vary greatly in city and in country. In the country the inaccessibility of skilled care, due to pioneer conditions, is a chief factor.

Improvement will come only through a general realization of the necessity for better care at childbirth. If women demand better care physicians will provide it, medical colleges will furnish better training in obstetrics, and communities will realize the vital importance of community measures to insure good care for all classes of women.

While the figures given in this report are a startling indication of the great number of deaths in childbirth occurring in various parts of the country, no estimate can be made of the number of mothers who survive, only to suffer ill health which limits or defeats the well-being and happiness of their households. Nor do they include the deaths of women from kidney, heart and liver diseases, which are aggravated by child bearing to such an extent that the conscientious physician warns against pregnancy in such diseases.

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### Reduction of the Infant Mortality Rate.

Studies in infant mortality leave no doubt that certain factors invariably increase infant mortality. Among them are poverty (low wages), the employment of pregnant and nursing mothers in gainful occupations, too large families, illegitimacy, low mentality of the parents inseparably associated with pauperism and illegitimacy, poor housing and insanitary surroundings, impure milk and bad food, and a lack of adequate public health protection.

*Ignorance, disease and poverty* sum up the principal causes of infant mortality. A program for the reduction of infant mortality to its lowest irreducible minimum must take cognizance of these principal factors.



To control them properly will require fundamental changes in our educational, social, economic and political life.

But before such changes may be effected and for the immediate present certain methods are being furthered which have proved their worth in the reduction of the infant mortality rate and in improving the health of all children. These efforts are recognized by the boards of health as an important part of their necessary program for public health protection.

#### PUBLIC HEALTH DOCTORS AND NURSES.

"An epidemic prevented is better than two epidemics cured" is the modern paraphrasing of an old motto. This also is the spirit of the new awakening in public-health matters, which is crystallizing itself into a demand on the part of all citizens that they and their families be protected from communicable diseases and that they be accorded the very best of opportunities for life, health and happiness.

The organized effort to protect public health has grown to such proportions as to demand the entire time of men and women who are especially qualified to serve in this capacity. Thus a new branch of preventive medical activity has been evolved, requiring public-health nurses, public-health physicians, and full-time health officers.

The acquisition of a public-health nurse is the first step in efficient public-health work. Especially is this true in regard to work for children. A nurse is necessary to the proper conduct of a child-hygiene station, and her instruction is indispensable to the proper education of mothers. Nurses giving prenatal instructions to mothers have made wonderful records in saving mothers' and babies' lives and great improvement in the health of both. Public-health nurses are invaluable in obtaining thorough physical inspection of school children, assisting at school clinics, preventing outbreaks of disease among school children, and for follow-up work in the home.

The trained public-health physician is no less important than the public-health nurse. The custom has been to employ as city and county health officers busy doctors who, in addition to their regular practice and for a small yearly stipend, have been attending to the quarantining of communicable diseases. This quarantining of communicable diseases is many times more expensive and less efficient than searching out the causes of epidemic diseases and preventing them altogether. To do the latter work effectively requires the services of a trained public-health physician devoting his whole time exclusively to that purpose.

*Proper public-health protection pays.*

#### PURE MILK.

Milk has no substitute in the diet of a child. Milk is the one indispensable food for children.

The results of underfeeding and of the indiscriminate use of food substitutes in feeding children, as a result of the war, are being startlingly shown abroad and are beginning to be evident in American cities. The nourishment of its children is plainly one of the first duties of a nation. And since milk and milk products are a vital necessity for children, for



nursing mothers and for the sick and wounded, the safeguarding of the milk supply is a matter of first concern.

The character of the milk supply for cities in Kansas is controlled by city ordinance. A properly drawn ordinance should require: Healthy cows; clean dairies and premises; clean operators, free from communicable disease; facilities for hot water and for sterilizing all milk utensils; clean and well-drained and screened milk houses; and proper provision for immediately cooling milk and keeping it cool until delivered. To determine whether milk is produced under such conditions requires frequent examination of milk and plant, and laboratory tests.

In cities where the milk supply is not so safeguarded the parents of small children may well visit the dairy from which they receive their supply in order to assure themselves that the milk is cared for under clean and sanitary conditions and cooled immediately. Sanitary standards for the production of safe milk and models for city ordinances may be obtained free on request to the State Board of Health, Topeka.

But a proper safeguarding of the milk from a sanitary standpoint does not obviate the difficulties arising from the increased cost of feed and labor necessary to produce milk, and the failure of the average income to keep pace with the ever-increasing high cost of living. Milk is one of the food products which probably can be handled best and cheapest by a central receiving station and pasteurizing plant, and by a single system of distribution. The production of a clean, safe and abundant supply of milk at a price within the reach of every family is a serious immediate problem facing many Kansas cities.

#### PRENATAL CARE.

The first month of life is the period of the highest infant mortality rate. In the United States registration area for 1915, 46 percent of the deaths under one year of age occurred during the first month, 32 percent during the first week, and 16 percent during the first day.

Obviously this high infant mortality rate cannot be prevented by measures instituted *after the baby is born*. Instead, this condition presents an urgent necessity for preventive health measures before and after the baby is conceived. Proper selection of stock and right care before birth has long been recognized as a cardinal principle by animal breeders, but it is only within the past few years that the same principles have been generally recognized as applying to human beings.

Prenatal care offers an opportunity to the city and state to direct its health protection measures to the "production plant" of its citizens rather than to the "repair shops." It will cost much less in time and money to *prevent* illness and deaths of babies than it will to pay for them—and, besides, we would have the babies left. A summary of reports of various experiments has abundantly proved the worth of prenatal care.

#### Prenatal care:

- Reduces the baby deaths during the first year by at least one-half.
- Reduces the number of stillbirths one-half.
- Reduces the number of miscarriages and premature births.

Reduces greatly the sickness and death of the mothers—puerperal eclampsia and septicemia (convulsions and childbed fever) being reduced in one experiment 80 percent.\*

Produces healthier babies of increased weight.

Produces a greater number of normal deliveries.

Increases the possibilities of the mother nursing her baby, thus giving the baby a better chance for its life.

Affords comfort to the baby, and peace to the mind of the more or less sick and harrassed mother.

Make possible a trained attendant at every childbirth.

*Method and cost.* The method of administering prenatal care is simple and may be undertaken by any thoroughly trained nurse. The best results are attained when she is able to watch her patient throughout the entire period of pregnancy. The nurse visits her patients every week or ten days, or oftener if necessary, keeping under close supervision the patients' diet, exercise, hours of work and rest, hygiene and health, including periodic urinalysis. The nurse immediately refers to the patient's doctor any unusual or untoward symptoms which her trained eyes may detect.

Where the distances between patients are not too great, a nurse by carefully systematizing her work may make from 80 to 100 visits a week. Averaging the difficult cases, which may require daily visits, with those in which the expectant mother is in exceptionally good health, requiring visits only every second or third week, the nurse can care for an average of more than 100 patients.

The public health nurse's salary is about \$1,000 per annum, with an allowance of several hundred dollars for traveling expense and supplies. Experiments in prenatal care have demonstrated that where the nurse can be kept comfortably busy the expense averages about \$3 per patient. Fewer patients would raise the average cost, but in no community, except perhaps the sparsely settled rural districts or where the roads are impassable, would the service exceed \$5, a sum which most expectant mothers would pay cheerfully as a wise investment.

County commissioners and boards of health, public-health nursing associations, women's clubs and health societies may profitably employ or underwrite the salary and expense of a nurse, so that every sizable community in the state may have at least one prenatal nurse to prevent sickness and loss of life among the babies and mothers.

#### INFANT WELFARE STATIONS.

The surest test of a child's proper growth and development is the steady increase in weight, evidenced by regular weighing. A baby should be weighed every week until he is one year old, and then every few weeks or month until he is two and one-half or three years old. After that age he should be weighed at least twice yearly and also given a thorough inspection so that any minor irregularities of teeth, posture, nutrition or other organ, or function, may be remedied promptly.

The ordinary spring baby scales are scarcely accurate enough for this purpose, especially as the baby becomes older and heavier. Scales

\* Women's Municipal League, Boston.

with a platform and beam, similar to the grocer's counter scales, and fitted with a pan or basket, are much more satisfactory. But these scales are comparatively expensive, and not all homes are equipped with them.

To overcome this difficulty a group of mothers may request the county health authorities to provide proper scales and to place them conveniently at the county seat. If the city or county employs a public-health nurse, she may meet with the mothers one afternoon a week, assist them with the weighing, inspect the babies, and refer those who need medical attention to their doctors. The nurse may also advise the mothers about the care and feeding of the children and about the health of themselves and their families.

*Location.* By experience it has been found that stations in rest rooms of dry-goods stores are very well attended. The mother, incidental to her shopping, can have her baby weighed and inspected by the nurse, thus saving her a special trip for the purpose. A public rest room also offers a good headquarters for a welfare station. Many country women visit these rooms. Incidentally they may become interested in having their children examined when otherwise they would not go to a station in another location.

The public schoolhouse, especially in those districts in which the infant mortality rate is high, is another good location for a child-hygiene or infant-welfare station. In most school buildings a room may be found which can be used for this purpose one-half or one day each week and in which the records and necessary equipment may be kept. This plan has the approval of the state department of education. A room in the city building or other public building may serve. But the farther the mother is compelled to go in order to reach the station the more difficult it is for her and the less likely she is to attend.

*Equipment.* The furnishings of a station should be of the simplest and the plainest kind. Each should be equipped with a good pair of scales and suitable pan or basket for weighing the babies, a measuring rod and tape line, a table, sufficient chairs and suitable records, and always with paper towels and sufficient linen for sanitary standards. If funds and space permit, a table and utensils for modification of milk, blackboard, exhibit of layette, and a model nursery may be provided.

#### BETTER BABY EXAMINATIONS OR CHILDREN'S HEALTH CONFERENCE.

The infant-welfare station makes possible the periodic examination of large numbers of babies. Where there are no such stations established these examinations may be conducted singly and privately, one baby at a time, in the doctor's office, or they may be conducted in groups publicly as Baby Day or Better Babies Week.

Examination cards, instructions and literature necessary to the conduct of a baby examination are furnished free by the Kansas State Board of Health, Division of Child Hygiene.

#### BIRTH REGISTRATION TEST.

Births are reportable by law, and there is a heavy penalty for failing or refusing to report them. However, birth reports are sometimes overlooked or forgotten. It is obvious that if all the deaths of a community



are reported and that only part of the births are reported, that community is being charged with a higher infant mortality rate than it merits.

Correct birth reports and birth certificates are becoming increasingly important. A certificate of birth may be required to prove descent, to prove inheritance of property, to obtain a pension, to enter school, to obtain employment, for civil service, to establish ability to make contracts, to enter the professions, to join the army or navy, for court purposes, to marry, and for other purposes.

A careful checking of all the births in a community is not only a valuable service to the community itself, but it may be of inestimable service to the citizens born within its limits.

#### EDUCATIONAL LITERATURE—KANSAS MOTHERS' BOOK.

While a careful birth registration test will reduce the *infant mortality rate*, it will not reduce the *actual number of baby deaths*. This can be done by improving the health conditions of a community, and especially by reaching the mothers with educational literature and personal instruction.

The Kansas Mothers' Book, issued by the Kansas State Board of Health, Division of Child Hygiene, contains practical information regarding child-bearing and child-rearing in simple and concise language. It discusses also the public-health phases of child hygiene and welfare, so that the mother may understand and coöperate with the various agencies of the state to which she may appeal for service.

#### MOTHERS CONFIDENTIAL REGISTRY FOR PRENATAL LETTERS.

Important factors influencing a child's health and life begin before he is born. To be born well is a considerable part of the battle. When conception occurs the "gates of gifts" to the child are closed. The parents gave their child *what they were*, not what they would like to be. From this time on they can only conserve the life and provide the best possible environment for their child's development, both before and after birth.

Expectant mothers are urged to enroll in the Mothers' Confidential Registry, Division of Child Hygiene, Topeka, giving name and address and the date of the expected confinement. They will receive, without charge, a series of nine prenatal letters and the pamphlet "Prenatal Care," issued by the National Children's Bureau.

When the birth of a baby is reported a blank certificate and a Kansas Mothers' Book will be sent, provided the mother has not already received one. Expectant mothers and mothers of children may also write the Division of Child Hygiene regarding the many perplexing questions associated with child-bearing and child-rearing.

#### CARE AND TREATMENT OF DEFECTIVE, CRIPPLED OR DEPENDENT CHILDREN.

It is not alone the children of parents in poor circumstances who need physical or medical attention. A considerable percentage of *all* children need dental, medical, hygienic or corrective treatment. If not remedied these apparently simple physical ailments of childhood sometimes seriously interfere with a child's growth and development, and his health and



efficiency in later years. The results of the draft examination in the United States abundantly attest this fact.

It is hoped that the significance of the neglect of physical ailments of children may be brought to the attention of every parent or guardian of a child. By reporting such children to the State Board of Health, Division of Child Hygiene, an effort will be made to advise parents or guardians as to the appropriate kind and suitable source of treatment.

#### COMMUNICABLE DISEASE CONTROL.

The common diseases of childhood—measles, whooping cough, and so forth—which are erroneously thought to be comparatively harmless, are responsible for the deaths of thousands of children annually. *The younger the child contracts one of these diseases, the greater the chances that he will die, for the younger the child, always the higher the mortality rate.*

While these diseases do not always kill, they are likely to cripple and maim. They are responsible for much of the deafness, poor eyesight and illhealth of adults. Thus the conservation of child life and the health of the adult depend to a considerable degree upon the control of these diseases.

Every epidemic has its starting point in some unrecognized communicable disease, or from the delayed report and the consequent delay of quarantine or other public-health protection measure. The efficiency of a health department depends upon its means and ability to isolate promptly and to prevent the spread of contagion.

Physicians are required to report all communicable diseases to the health officer. But many cases occur where no physician is in attendance. In such cases the householder is charged with the responsibility of reporting. If he fails to do so his neighbors ought to report the cases in justice to the health of their own families.

Public health and welfare demand that every person, to a certain extent, shall be a deputy health officer and sanitary inspector. The matter of proper public-health protection is a matter of good citizenship and an exemplification of the Golden Rule.

#### CHILD CONSERVATION HOUSE-TO-HOUSE CANVASS.

There is no other method of putting literature into the hands of every mother and expectant mother and of checking all births and epidemic diseases except by the house-to-house canvass. Clubs, Sunday-school organizations, senior high-school students, colleges and other groups interested in public health and child hygiene are invited to undertake this survey in their home precincts. This canvass is made by voting precincts, and wherever possible, under the direction of a county chairman, woman's committee, Council of Defense. Blanks for this canvass, press material and all necessary literature are furnished by the State Board of Health, Division of Child Hygiene.

# SCHOOL HYGIENE.\*

## The Cost of Neglect.

### A PROBLEM IN SCHOOL ARITHMETIC.

Enrollment in grade schools, total for year 1916 <sup>1</sup> .....	398,288
Expenditures for grade schools, total for year 1916 <sup>1</sup> .....	\$13,358,750.86
Average cost of school year per pupil enrolled.....	\$33.54
Pupils failing to make a grade each year, average, city and country <sup>2</sup> ....	14.3%
Annual number of pupils failing to make a grade.....	56,955
Annual loss caused by pupils repeating grades.....	\$1,910,270.70

A saving of this amount of money will not be represented by less money being spent on the schools, but by obtaining value received for money now being wasted. This first cost of retardation, the loss of school money alone if it might be so utilized, would provide:

One school nurse (salaries and expenses) for each thousand grade pupils and a similar amount for school physicians and school clinics.

One teacher of physical education for each thousand grade pupils, and similar sum for playground and gymnasium equipment.

One special teacher for ungraded classes for each thousand grade pupils, and for the necessary trained mental examiners.

Those special teachers would enable normal children to keep up with their grades and assist the supernormal children to go ahead as fast as their ability would permit. They would also relieve the classroom of the drag of the subnormal and feeble-minded children and give them the rudiments of training which, supplemented by special institutional training,<sup>3</sup> would make them more or less self-supporting and self-respecting citizens.

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\* The subject of School Hygiene will be taken up in a later issue of the bulletin of the Kansas State Board of Health.

1. From the twentieth biennial report of the state superintendent of public instruction of Kansas for the year ending June 30, 1916.

2. Total retardation—pupils one year or more behind the proper grade for their age—in cities, 30.6 percent; in country, 39 percent. Investigation conducted by School of Education, University of Kansas, school year ending June, 1916.

3. This estimated cost of preventing retardation does not include the cost of caring for the 2 percent of school children who are recognized as feeble-minded. Such care cannot properly be charged to the public school funds. Funds for the care of feeble-minded in this state are appropriated to the departments of charities and corrections administered by the Board of Administration.

## Physical Examination of School Children.

The schools are spending millions in educating or trying to educate children who are kept back by ill health, when the expenditure of thousands in a judicious health program would produce an extraordinary saving of ill health and an increase in economy and efficiency. A dollar spent in wise, constructive effort to conserve a child's health and general welfare will be more fruitful for the child and for the general good than a hundred times that sum delayed for twenty years. The principle of thrift in education finds its first and most vital application in the conservation and improvement of the health of the children.

Every school child should have a health examination once a year. More frequent examinations should be provided for individual pupils who need special attention. All health examinations and attention in rural and in city schools should be under the supervision of regularly appointed school physicians thoroughly trained for their work. *There should be for every child a health as well as a scholarship record which accompanies him through his public school career. This should be a part of the records of the school which the child is attending.*

The simpler tests of vision and hearing can be made by the teacher as well as the routine morning health inspection. Capable teachers can easily learn simple methods of routine physical examination. The more detailed examination is the work of the physician. But where even the simplest of physical examinations may not be undertaken, every teacher may take the height and weight of each child. This height and weight and their relation to each other and to the child's age are a rough index to his physical condition.

Standard height and weight cards, also blanks for complete physical examination of school children, will be sent free on application to the State Board of Health, Division of Child Hygiene.

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## Height and Weight Tests of School Children.\*

An adult may be underfed for a long period without serious results, but a child if undernourished will never become as strong and capable an adult as he might have been. The detection of malnutrition requires no expert medical knowledge. The weight of the child and his rate of gain tells the story.

Malnutrition exists among school children to an almost incredible degree. A recent survey in New York shows that of a million school children in that city, approximately 150,000 are stunted in their growth, retarded from one to three years in height and weight. In other parts of the country malnutrition prevails probably to even a greater degree, as New York has shown more than ordinary interest in the welfare of her school children and has made relatively large appropriations for the protection of the health of her children. This degree of malnutrition (proba-

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\* Adapted from publications of Child Health Organization, 289 Fourth avenue, New York City. Free literature sent on request.



bly one-third of all school children) extended into adult life would cause every one of these individuals to be rejected from the army as physically unfit.

Malnutrition to this degree exists because there has been no effective physical inspection of school children, which would have located it and steps therefore would have been taken to correct it. Undernourished children may look well when dressed, thus they are considered to be well. But a careful inquiry into their condition would reveal that they are pale or even anemic, that they are listless and inattentive to their studies, and that they are easily fatigued both physically and mentally. When such children fall behind in their studies they are considered lazy, and pressure at home and school is increased. Thus a vicious circle is established which further increases the difficulty. These children in later life often become physical and nervous wrecks.

The first step in combating malnutrition among school children is to locate individual cases. This requires no expert medical knowledge. A pair of scales, a tape measure and a chart of heights and weights are all that is necessary. If the school does not possess a pair of scales or cannot buy them, the children will readily go to the grocers or butchers to be weighed regularly for the fun of it, especially if a game is made of the proceeding and a little rivalry or competition is arranged for them. The children will also enter heartily into the idea of bringing themselves up to normal weight and condition as a part of their patriotic duty as good citizens.

Having located the undernourishment, the next thing to do is to discover the causes. A sympathetic physician will be of inestimable service at this point. In almost every school district one or more doctors may be found who will donate their services for the necessary physical examination. This examination will show from three to nine defects in every undernourished child, and often as many in those of normal weight. The defects of most serious concern to the child's condition are those that interfere with respiration, enlarged or diseased tonsils or adenoids and faulty posture. Other common defects which affect the child's health and school efficiency are bad teeth, faulty vision, bad hearing or discharging ears, skin diseases, and results of children's diseases. It is most important that the child and the parents understand these defects and the urgent necessity for their treatment.

The third step is to check up the food habits of the children and provide them with a proper diet for their age and condition. Besides taking too little food, many of these children have bad food habits—eating too fast, going without breakfast, drinking tea or coffee, eating candy between meals, or refusing cereals and milk. The child's habits of sleep, study, play and exercise should also receive attention, as all are concerned in his health and growth.

Such physical inspection and care would eliminate malnutrition among school children in a short time. It would also effect a tremendous saving of school money which is now wasted in trying to educate children who are, to all intents and purposes, sick children.



# CHILD WARDS OF THE STATE.

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## Dependent Children.

The child may be taken out of home life and become dependent upon the state for a variety of reasons. In every instance the state becomes responsible for the providing or the failing to provide the personal care and educational facilities which will make that child an independent citizen, a happy human being and a worthy social unit. In cases where it is not possible to make a safe member of society out of the child he is entitled to be given into humane and scientific custodial care. This is essential both for the sake of the child and for the best interest of society.

In spite of a general social quickening to the rights of the dependent child, many states, including Kansas, still remain curiously apathetic and inert with reference to his rights. While no one could be found who would wish for this child to receive anything but fair treatment, there are few willing to actively espouse his cause and see that he gets a square deal. As it is, the state seems to be satisfied with the cold charity of a private institution, or by grudging appropriations to state institutions keep only soul and body together, and provide the modicum of education stipulated in the constitution.

There are at present time some 1,000 dependent children living in 23 institutions designed for their care.\* The State Orphanage cares for less than 200 of these; the rest are to be found scattered about in orphans' homes of the widest range of purpose, equipment and efficiency. These homes are incorporated under the laws of the state, and thirteen of them receive some state aid. In addition to these incorporated institutions there are an unknown number of nonincorporated, private boarding houses and maternity homes which exploit their victims instead of soliciting funds. Thus they evade the letter of the law which regulates the conduct of only those institutions soliciting funds for charitable purposes. Worst of all, several counties in the state of Kansas still consign children to the poorhouse.

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## What is a Good Children's Home?

The state of Kansas, which permits dependent children, orphaned or half-orphaned, to be cared for by a variety of children's institutions, homes and home-finding societies, each of which is a separate corporation, self-perpetuating, virtually self-directing and practically without supervision, is beginning to question, "What is a good children's home?"

The average citizen probably could answer the question, "What is a good children's home?" only in the most general terms—that the children be well fed; that they be clothed and kept clean; that they be kindly

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\* Sixth Biennial Report of Board of Control of State Charitable Institutions.

treated, and that a doctor be called when they are sick. And an institution apparently answering such requirements no doubt would be reported upon as a first-class institution by a visiting lay committee. Where such institutions have been visited and so reported by lay committees, a trained investigator following has uncovered some unexpected details.

*That the children be well fed:* The expert found extremes of underweight and overweight, indicating that these children were not well fed; that the same food was being served to the entire group of children ranging in age from 2 to 16 years; that there were no prepared menus or other provision for such variety of diet as would give the children nutritious and at the same time the most palatable food.

*That the children be clothed and kept clean:* The trained investigator found that the children were kept clean because they were not permitted to play for fear of soiling their clothes.

*That the children be kindly treated:* The trained investigator found that the children were not whipped but they were deprived of necessary articles of food for petty offenses, made to kneel on cold stone floors or shut in dark closets for misconduct growing out of nervous disorders, when they needed instead expert medical attention.

*That a doctor be called when they are sick:* The expert found that more than half of these children in such institutions required medical or dental care, and that such care as was being given sick children was indifferent, careless and incompetent.

The absence of sickness does not indicate proper nor sufficient medical attention for a children's institution. Some children's homes pride themselves on the statement that "No doctor has been inside our home for a year or more." This is not a matter for congratulation. Instead, it is a serious comment upon the lack of understanding of the service a doctor should perform for children. Prevention is the goal of modern medical science, and "no sickness" does not necessarily indicate health.

It is not safe for any nonmedical superintendent of a children's institution to assume that the children are well so long as he does not see that they are ill. Accurate knowledge of a child's physical condition is essential to determine what is necessary to his perfect health and welfare. This knowledge can be obtained only by thorough and periodic physical examination by a competent physician, and the services of experts in consultation or treatment when necessary.

Obviously then these general terms that the children be well fed, clothed, kept clean, kindly treated, and a doctor called when they are sick do not adequately characterize what properly might be called a good children's home. These must be followed by specifications as to what is the right sort of feeding, what is proper cleanliness, what is meant by being kindly treated, and what is sufficient health protection.

In addition to these purely physical aspects of a good children's home, what about its management and more especially its ideals? What attitude does the institution take concerning the children? *Are the children themselves the real ends developed and conserved*, or are they the mere pawns of some other purpose of the institution?

What provision is made for the higher educational and vocational

equipment for life of these children? What are the aims of the institution as to the attainment of its wards? Does it regard each child as an individual, especially as to the kind of work required of him?

And what is most important of all, is the institution *getting anywhere* in its service to the children? Or does it fill in a few years of their young lives in a sort of indifferent way, beginning with no fixed program and ending with no definite results?

In an effort to answer the perplexing question as to what is a good children's home, various boards of health, charities and welfare have investigated hundreds of these homes. They have enumerated all the factors entering into a children's home, its plant, administration and ideals, and have endeavored to fix a minimum standard of excellence for each factor. It was found comparatively easy to enumerate factors and standards of excellence so far as the physical plant of the institution is concerned. It is vastly more difficult and very much more important to enumerate them so far as the management and ideals are concerned.

Obviously any arbitrary standard of excellence for children's homes has had to undergo numerous modifications in the light of practice and experience. No doubt, as methods in the care and management of children progress, these standards will undergo still further changes. However, in the light of our present knowledge and experience, a home for children should be able to pass a creditable inspection according to such standards already outlined.\*

*How Institutions are Rated.* For convenience in rating, institutions ordinarily fall roughly into one of four classes—A, B, C, and D.

Class A institutions are those which measure up to the general requirements. These institutions are adequately equipped, well managed, effectively planned and efficiently conducted. They are giving scientific care to their children as well as a happy home life, and are meeting the needs of their community to the extent of their capacity.

Class B institutions are those which are lacking in some respects, but which are making a strong effort to attain to the general requirements. These institutions are not always properly equipped. In their management they are prone to substitute good intentions for scientific knowledge. And while their ideals are high enough, they have rather hazy and indefinite or altogether mistaken ideas as to how to put them into practice or bring them about.

Behind such an institution one generally finds a genuinely self-sacrificing board, working not for glory or for profits but solely for the welfare of the children. This sort of institution offers something tangible to work upon. With scientific direction as to hygienic arrangements, balanced diets, medical treatment of children, child placing and other problems, and with proper official recognition and support, such homes may readily be brought into class A.

Class C institutions are those which have serious defects as to plant, administration and ideals. The equipment of these institutions is poor, the management lax or grossly incompetent, the ideals low, and the purposes for which a children's home should be maintained lost sight of in the pursuit of money, religious proselyting or fanaticism, or merely the

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\* Child Caring Institutions, Department of Public Charities, New York City.



endeavor to appear philanthropic. While in a few instances these institutions may be cited as doing good, yet on the whole they are doing actual harm in that they fall so far short of any satisfactory program of child care or of equipping their children in any measure for a normal home life. These institutions have been allowed to exist for years on the same dead level of inefficiency, because of a general lack of understanding as to what a children's institution should be, also because of lack of interest or courage on the part of the community and the state to demand their improvement.

Class D institutions are those showing an absence of all progressive child-caring standards in plant, administration and ideals. Among these are the wholly useless, the disreputable and the illicit.

According to this method of rating, *there is not a single home for children in Kansas entitled to a rating of class A*, although there are several that with a little assistance and direction may attain this rating. There are many class B institutions, and as many or more perhaps in class C than in class B; there are several in class D.

Class B institutions need official recognition and constructive supervision.

Class C institutions need the same perhaps in greater detail. If they fail to take cognizance of official direction, they should be compelled to improve or be closed.

Class D institutions should be discontinued without parley or temporizing and the helpless children removed to more favorable environment.

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### Inspection of Children's Institutions.

The wide diversity of conditions obtaining among the children's institutions in Kansas may be judged from the following extracts from confidential reports on file with the State Board of Health and the State Board of Administration. These reports were made by various competent persons—members of the Boards of Health and Administration and their staffs, by agents of the Federal Children's Bureau, by college instructors, and by others equipped for special phases of this sort of inspection.

#### CHILDREN'S HOMES.

*Rescue Mission and Orphan Asylum.* This institution harbored 55 inmates, about half of them babies under three years of age. The adults represented various stages of social maladjustments. A tabulation of the infant deaths in this institution showed that out of a total of 26 deaths for the given period, 6 were from inanition and 10 from enterocolitis, which are terms for improper feeding.

Twenty or more toddlers were found in a so-called day nursery, which was reached by passing through a filthy kitchen and unlocking a door. All of them were whining or fretting—some were coughing. Around three sides of this room was a shelf about a foot wide and covered with oil cloth. The small chairs were pushed in front of it, and from the shelf the children were eating. There was absolutely nothing in the room beside this shelf, the chairs and the children. The little ones were dirty and unkempt. There was no older person with them. Both doors were locked

and windows tightly closed and covered with dust and cobwebs. On asking to see the play yard, a back door was opened and a chicken pen divided from barn by high board fence and gate was revealed. The barn with a manure pile thrown out of its window was within thirty feet of this place, while investigation showed the front yard was large and set with shrubbery and flower beds.

Five or six babies were found in the nursery upstairs, several of them exhibiting extreme degrees of malnutrition. The odor in this nursery was so vile that it was almost impossible to stay in the room. A number of young children in the cribs were in wretched condition. One was sucking a mixture of peach tree leaves, supposedly for teething troubles.

The one small bathroom in the house was equipped with one tub, one seat, an old tin wash basin and a common towel. The matron told us these were for the use of the entire establishment. A few wash bowls and pitchers were seen on the third floor, which apparently constituted a rude hospital for the care of women in confinement.

This home is not properly equipped to take care of children; it is insanitary and dirty; the children are not kept clean nor properly fed; the death rate is higher than it ought to be; it is not a fit place for young children so long as adults of all ages and stages of moral and social degeneracy are being brought there constantly; and the management is bringing children from other states contrary to law, such children being likely to become public charges in Kansas.

*Children's Home No. 1.* The children in this institution were found playing happily. They were entirely free from restraint and called the matron "mother." They were clean and in very good condition considering the lack of equipment. The building is old, without running water, toilet or bathroom facilities, and entirely unsuited for the purpose. There were more than 20 children, with sleeping quarters for only half that number. The children were sleeping four or five in one bed.

*Children's Home No. 2.* The equipment of this home is pitifully insufficient. The house is old and in such a bad state of repair that it needs to be replaced by a new one. Considering its age and condition and the difficulty of keeping such a home clean, the house was in exceedingly good order. The children were happy, free from restraint, and gave every evidence of being kindly treated and well cared for to the best ability of the management.

The home needs to provide individual towels and toothbrushes for the children's bathroom. The teeth of all the children should be examined and necessary dental work undertaken. Many of the teeth were in bad condition. The health of these children would be greatly improved by a thorough physical examination and corrective treatment. A mental test should also be given each child when admitted. It was apparent that several of these children were feeble-minded or suffering such other mental defects as would make them unsuitable for adoption or indenture purposes. Such mental and physical examination should be extended also to the employees, several of whom did not come up to proper health and ability standards. One woman in particular was waiting on the children while suffering with a bad cough, obviously of a tubercular nature.



*Children's Home No. 3.* This institution was housed in an old two-story frame building which was as clean as good housekeeping can make it. The sanitary arrangements were bad and the building was totally inadequate for the purpose for which it was being used. The steam-heating plant was out of order. A few of the rooms were being heated by gas stoves.

The children, about a dozen of them, including three of the superintendent's own, were found in a dark semibasement, which was used also as a kitchen and dining room. To reach this room the children must descend a very steep, dark and unsafe stairway and pass through a room which is used as a laundry. It was neither a safe nor proper place for them, and instructions were given to the superintendent to utilize a large room on the first floor, which needs only heat and some equipment to make a first-class play room.

This home has been warned repeatedly by the former Board of Control to put its heating plant in order and to take the children out of the dark semibasement. Apparently it needs more than warning.

*Children's Home No. 4.* This institution contains about a dozen children, with adequate quarters for twice that number. The place was immaculately clean—perhaps too clean for comfort. The best room in the house—a large south room which would be ideal for a children's play room—has been reserved for the exclusive use of the board meetings.

The day the inspection was made the children were in the yard, locked out of the house while the kitchen floor was being cleaned. There was no play room in this house, no library, and very few games or toys. The dining room was cheerless, and no tablecloths or napkins were used. The food was good, but the service was so unattractive and the dining room so cheerless as not to be conducive to good manners or good digestion.

There was no tooth powder nor toothbrushes for the children. Practically every child in this institution needs some medical or dental treatment. At the time of the inspection there were two feeble-minded girls of child-bearing age in the home. Both of them should be sent to Winfield for permanent custodial care.

*Children's Home No. 5.* This children's home was housed in a beautifully appointed building and in most respects was in excellent order. The children were absolutely free from restraint and the institution would pass as high class. The present dormitories were crowded, making it difficult to obtain a sufficient supply of fresh air. The windows in the boys' play room were closed and the fastenings were locked. This room was crowded also and had a decidedly bad odor.

The medical attention, while of a high order and better than the average children's home, still is not adequate. One physician in general local practice devoting his part-time services to more than seventy children cannot give them medical attention in accordance with modern standards. It is suggested that instead of one practicing physician, a staff of children's specialists which are available for this institution be organized, so that these children may have the best treatment obtainable. With a few minor changes this institution could come into class A.



MATERNITY HOMES.

*Maternity Home No. 1.* This institution was found to be in beautiful condition. The home was clean and attractive and the girls gave every evidence of being well cared for. At the time the inspection was made there was found an imbecile who had just given birth to a baby—her third. She had given birth to twins previously. Yet this girl cannot be sent to a proper institution without the consent of her parent or guardian. Unfortunately parents and guardians rarely, if ever, recognize the need for proper care for this sort of a girl.\*

*Maternity Home No. 2.* This home was housed in an old two-story frame dwelling in a bad state of repair. The inmates consisted of several aged indigents, six children from eleven to sixteen years of age, and one maternity case. The maternity case was a colored imbecile, thirty years of age, of a very low order of intelligence, almost an idiot, who had given birth to a baby a month previous. A mother of such a low grade of intelligence cannot in any sense be held responsible for her conduct, nor is such a baby fit for adoption.

Application papers were sent to her county to have the mother and baby sent to Winfield for permanent custodial care, but owing to the peculiarities of the feeble-minded law in Kansas such a girl cannot be sent without the consent of her guardian or parent. The girl presumably has been returned to her home. The usual history of such cases is that they return in a few years with another baby.

*Maternity Home No. 3.* This maternity home is also being used as a temporary detention home for children and adults. The home is wretchedly poor and in exceedingly bad hygienic condition. There is no medical attention, as the matron herself is a midwife and attends the girls in confinement.

At the time of the inspection there was in the home a feeble-minded pregnant woman (possibly insane), twenty years old, with her two defective children. The oldest child, two years old, could not stand alone. The baby was seven or eight months old, and the woman was expecting the third child in a few months more. The husband at the time was before the court on nonsupport and cruelty charges. This man may be punished by being fined or sent to jail. There is no law which provides permanent custodial care for such a man and woman and their children. Yet it is very obvious that if these two are allowed to continue in their present way they will in time produce a large family of feeble-minded and defective children.

*Maternity Home No. 4.* This institution was housed in a three-story ramshackle old fire trap. The sanitary arrangements were very bad and the home was exceedingly dirty. There was no heat provided in any of the girls' rooms. The confinement room was heated by an open stove. The ward room where the patients convalesce was heated by a soft-coal laundry stove. This home is so far below the minimum standards of hygiene and decency that it ought either to be compelled to improve and clean up at once, or it should be closed without any further temporizing, and the girls removed to better surroundings.

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\* Since sent to Winfield.

PRIVATE INSTITUTIONS FOR CHILDREN, NONINCORPORATED AND  
NONCHARITABLE.

If present methods of inspection and regulation are lax concerning incorporated institutions, they are hopeless in so far as the nonincorporated institutions are concerned.

*Not one board in the state of Kansas, nor the combined authority of all, can reach the very worst offenders—the private boarding home or institution which is nonincorporated and which does not solicit funds.*

*Under the present laws of Kansas any sort of person at any time or place may open any sort of home or hospital for children or expectant mothers, and conduct it in any sort of way, without even the knowledge of any authority of the state, much less any kind of supervision or control.*

The following extract from a Kansas City paper is a glaring example of what has already happened in Kansas. The Charter Board has no record of this home, and neither the Board of Administration nor the Board of Health knew that such a home was in operation until the story was uncovered by newspaper reporters.

*Maternity Home.* "Amid the most miserable surroundings, in a house in which there was no light, no heat except a small oil stove in one room, and no water, a nameless baby boy came into the world at — last Friday night. The only attendant to the unfortunate eighteen-year-old mother was another girl whose baby had been born five days before and taken from her. She had never seen it. The telephone in the house had not been connected, and help could not be summoned by that means. There was no food in the house. Alone with the young mother, in absolute darkness save for the red glare on the floor from the oil stove, she had been carried into the house but a few hours before. The other girl dressed herself as best she could and in the chilling wind made her way to the house of a neighbor. There she told the story of the unfortunate young mother in the big, cold, dark house across the street.

"These girls had come to the so-called maternity home which had been advertised in Kansas City papers. They were charged \$10 a week and \$25 when the baby was born. In spite of the fact that they had paid for care and medical attention, the unfortunate girls were given no medical attention, not even a nurse, were given only cold food—ham, crackers and oranges—and were not provided with hot water. The doctor who had been conducting this maternity home has a long and unenviable court record."\*

*A Private Boarding Home for Children.* This home boards children, charging from two to five dollars a week. Living in a six-room cottage were the matron and three adult members of her family, one boarding mother, and ten children. The five adults and ten children were provided with three double beds and one tick on the floor. Two of these children were girls about eleven and thirteen, and one boy was about thirteen. The sanitary and hygienic conditions of this home were indescribable.

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\* This doctor was brought into the county court, but as the girls did not appear against him he was acquitted. His court record was submitted to the Kansas State Board of Medical Examiners, who have authority to revoke the license, but so far no action has been taken.



The only recourse under the present law is to obtain a court order for removal of these children. There is nothing to prevent others from being put there as fast as the court takes them out.

*Day Nursery and Boarding Home.* The home was fairly well arranged, but was very untidy. As too many children were taken, it was too crowded. The matron and one feeble-minded woman were trying to feed and care for twenty-five or thirty children. The nursery beds were not supplied with sheets and clean bedding. The beds and mattresses were in bad condition.

#### SUMMARY.

Instances of exploitation and tragic lack of proper care of the dependent children of Kansas could be repeated in endless sequence, but enough has been said to indicate that there is something radically wrong with the present method of dealing with dependent children. More than a million dollars is invested in the state of Kansas in orphanages for the care of these children. These places spend in the aggregate between two and three hundred thousand dollars every year, and still these unfortunates receive nothing but bare subsistence. The method is wasteful and inefficient, and what is worse, robs defenseless children of their natural birthright.

A state orphan asylum in this day and age is an anachronism. It does n't belong. It exists only as a monument to indifference, ignorance and neglect. The present State Orphans' Home could with advantage be transformed into a clearing-house and child-study laboratory—the only legitimate use for a congregate home. This should be used as a receiving station for every unfortunate child in the state. Here the child should have complete physical and mental examination and treatment and should be brought up to physical par with the greatest possible rapidity. His heredity and temperament should be studied, and when it becomes clear as to what is the proper place for him he should be fitted into that place. If he is a fit subject for adoption or care in a normal home, he should be given into the care of a specially trained agent to be fitted into a home, and carefully watched until he reaches maturity and relieves the state of further responsibility.

If he is found to be unfit for life in a home by reason of physical or hereditary limitations, he should be placed in the custody of some institution especially equipped to care for his particular condition. This method would automatically empty and dispense with the small, inefficient local orphanages.

The state of Kansas should make it impossible for any individual or group of individuals to receive children or pregnant women without a proper license, regular inspection, and the same amenability to the law as incorporated hospitals, hotels, eating houses and other public accommodations.

It should forbid the detention of children in poorhouses, jails or other places where feeble-minded, insane or criminals are kept, or other persons of a character undesirable as associates of innocent childhood.

It should arrange for the creation of a responsible body of specialists, or the powers of the Division of Child Hygiene should be increased, to



whom should be entrusted the working out and administration of a plan for the care of all child wards of the state, including foundlings.

### Child Placing.

The normal child belongs in a *home*, not in an institution. Every institution in Kansas receiving children has the right to indenture or adopt children into homes, but not a single institution has adequate and competent machinery for placing children or for supervising them after adoption.

The biennial report of the State Orphans' Home for 1914-'16 states that the Home at that time had out under active indenture more than 500 children. It has one agent to place and supervise these children. The maximum number which one agent can place and keep under supervision with anything like adequate attention is fifty. With a small district, good facilities for transportation and the cumulative advantage of acquaintance with the territory, this number may under favorable conditions be increased to 100. The advice of expert investigators, however, is that the number be limited to 50 children per agent. The statement made in this report *that the one state agent of the State Orphanage cannot possibly supervise 500 children should receive attention and active consideration.\**

There are no reports available as to the number of children who have been indentured previously by other organizations caring for children, with the exception of the State Orphan's Home and the Kansas Children's Home-finding Society. If the State Orphans' Home, caring for less than one-fifth of the dependent children of the state, has 500 out at one time under indenture, it is probable that there are from 3,000 to 4,000 children scattered about in homes of the state.

It is inhumane to take a defenseless child out into the state and lose him, for that is what it amounts to when the agency which places the child fails to keep in touch with him. Families have even moved out of the state taking indentured children with them, and left no trace. It would be difficult, if not impossible, to even locate all the children of present minor age who have been thrown upon the tender mercies of families and forgotten.

One children's home-finding society has about 1,000 children under supervision in homes. These are under the active supervision of six district agents. These children remained in the receiving home for an average of only twenty days each. Children in need of surgery or medical attention were attended to before they were sent into the homes. This organization finds no difficulty in finding homes for children. The superintendent states that there are always from one to two hundred appli-

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\* "Our experience in placing of children has completely confirmed in our mind that 90 percent of those who take our children into their homes do so for commercial reasons and not because of any real love for the child or desire to benefit his condition. It is for what they can get out of him in dollars and cents rather than for what they can see in him as a future citizen of the commonwealth. . . . Those in need of cheap help take the children out in the spring and keep them during the busy season, and return them when the work is over and they must be at the expense and trouble of sending them to school and otherwise provide for their training."—From Report of Superintendent of State Orphans' Home for biennial period 1914-'16. This statement is sufficient evidence of the charge that the State Orphans' Home is not competent to investigate the homes into which it sends the child wards of the state, nor equipped to supervise them.

cations for children on file. No papers are made out until a child has been on probation in the home under the supervision of an agent for ninety days. If at the end of this time both family and child seem happy and suited to each other, papers of indenture or adoption are signed. Children are often moved before the expiration of the probation period, but seldom afterward.

This organization at one time offered to accept from the state and place in suitable homes and supervise all the children suitable for placement which should be given to them for this purpose, and to do it at a total cost to the state of \$50 per child. It cost during the biennial period of 1914-'16 an average of \$239.34 yearly per capita for the support of the children in the State Orphans' Home. Certain of these children properly belong in the School for the Feeble-minded. The majority of them, however, are suitable or can be made suitable for placement and adoption. There is no question but that it is far cheaper in the long run to place and supervise than to support them.

Granting that there are 1,000 children in residence in orphanages and 4,000 more scattered over the state, or an estimated total of 5,000 children whom we will assume to be suitable for normal home life, it would require a force of fifty paid agents to place and systematically visit all these children, and the total expense to the state would approximate \$150,000. Allowing a maximum salary of \$1,800 and maximum traveling expenses of \$1,200—a total of \$3,000 per year for each agent—with an average of 100 children assigned to each for placement and supervision, the average per capita expense per child would approximate \$30.

The reports from the private orphanages are too imperfect to furnish data as to per capita cost and attendance.\* Taking the per capita cost at the State Orphans' Home as a basis (in all probability some homes spend less and some more), it costs the public of the state approximately \$240,000 per year to support this thousand children in residence in institutions, or a sum sufficient to place and adequately supervise all the 5,000 dependent children of the state and keep a record of them until maturity, and have a balance of some \$90,000 per year to devote to the maintenance of an adequate clearing house, detention home and child laboratory.

*It is not good business, it is not humane, to continue the present archaic, ineffective, outgrown method. The war is raising the value of the individual citizen and making life very hard for the unprotected. Both sentiment and common sense demand speedy action.*

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\* Tabulations were made of the reports for the fiscal year ending June 30, 1916, of twenty-two institutions legally authorized by the state to receive and dispose at will of dependent children, and required by law to render yearly reports covering specified points. Two children's homes and five maternity homes made no report whatever as to the number of children handled or their disposition. Nine homes reported receiving a total of 208 more children than they accounted for, while five other institutions reported the disposal of a total of 47 more children than they had received!

The institutions (including the State Orphans' Home) reporting on this point reported themselves as having cared for a total of 1,803 children during the year. They reported 908 as remaining in residence at the end of the year covered by the report. A minimum estimate of the children cared for by the remaining seven institutions makes it appear certain that at least a thousand children were at that time in residence in these twenty-two homes. It is safe to assume that this figure remains fairly stationary.

The average daily number of inmates does not appear on these reports, with the exception of the State Orphans' Home. The financial reports are not accurately made, only six showing debit and credit statements which balance. It is therefore impossible to figure the per capita cost of the support of the inmates of private orphanages.



### Children in Kansas Poorhouses.

The county poorhouse, as it is usually administered, is a close relative of the medieval almshouse of deservedly odious repute. Yet within the past year in the state of Kansas twenty-four children in six counties have been incarcerated with the veritable "scum" of feeble-minded, hopelessly insane and social derelicts who people these institutions.

In response to inquiry as to why these children were harbored in the poorhouses, several reasons were given:

Most often, the young child remains in the custody of a feeble-minded or derelict mother, who goes and comes. Sometimes she goes and comes until she has two or three children for the obliging county officials to take care of.

A temporarily dependent mother and children are cared for in the poorhouse and the children sent to school. This is not in accordance with the intent of the mother's pension law.

The probate judge commits juvenile offenders or truants to the almshouse awaiting their trial. In one county a colored girl of eleven and a white girl of about the same age were kept in the county house all summer awaiting the action of court.

Dependent children are carelessly committed to the county house because there is no orphanage near and it seems easier to keep them at the expense of the county in the county home than to send them to the state orphanage. One boy of thirteen was sent to the poor farm when both his parents were sent to the penitentiary and has remained there for three years, and is now drawing wages as a helper.

*Every one of these classes of children belongs elsewhere. No county house or other place stigmatized by the term "pauper" is a proper place for any child. No child is or can become a pauper, because the state which permitted him to be born within its jurisdiction owes him support and education commensurate with good standards of citizenship, regardless of adverse accidents of circumstance.*

### Defective Children.

There are five special classes of defective children who should be separated from normal dependent children and also from normal homes. These are the feeble-minded, the blind, the deaf and dumb, the epileptic, and the crippled. This separation is necessary, both for the sake of obtaining for the atypical child the specialized care his condition indicates, and also for the sake of relieving the home and school in certain instances of his undesirable influence.

Kansas has established the following institutions for the care of these children:

	Population.
State School for the Feeble-minded, Winfield .....	663
State School for the Blind, Kansas City .....	104
State School for the Deaf, Olathe .....	240
Colony for Epileptics, Parsons (both adults and children), children, approximately .....	125

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1,132



Besides these four classes, the state provides medical and surgical care for indigent children at the State University Medical School at Rosedale.

While the exceptional child must have specialized care such as can seldom be given him in any home, every precaution should be taken to make him *feel as normal as possible*. A special study should be made in each of these groups of the psychology of "set-apartness" and its reaction upon the effective physical and mental life of the child.

Along with orphanage, the special institution needs to emerge from the custodial to the research conception of its function and duty. No institution for defective children should be permitted to lapse into mere custody of the person of the limited child.

#### FEEBLE-MINDED.

There are at present 663 feeble-minded persons in residence in the state institution at Winfield. These are chiefly idiots and low-grade feeble-minded, whose mentality is of such a caliber that they do not respond to educational effort.

The vital problem to the state is not the detection and care of the low-grade idiot who can harm no one, but rather the individual who becomes arrested at the mental age of 7, 8 or 10 years, but whose animal appetites and passions go on to full maturity. These are the individuals who furnish a very important percentage of the inmates of penitentiaries, houses of prostitution, jails, poorhouses, houses of correction and reformatories. These individuals propagate their kind freely and unreservedly. The consequence is that society replenishes itself much more lavishly from the bottom than from the top.

The crux of the whole matter lies in getting the mentally retarded child young enough to give him appropriate vocational training and chance for self-development. *If it be found that he can never arrive at a mental age of sufficient maturity for social safety, he should be segregated in time to keep him from becoming a social menace.*

A complex machinery is necessary in order to accomplish this effectively: .

1. The location of mentally retarded children in the schools. This can be done within wide limits by the untrained teacher. It can be done effectively only by the trained psychiatrist.

2. The establishment of a suitable number of ungraded classes under specially trained teachers, in order that these children may be taught the things that they have the capacity to learn, and especially that they may have vocational training to fit them to become self-supporting. When it becomes apparent that they cannot be made competent to lead a safe and independent existence, they should be taken out of the public school and sent to the state school.

3. A state training school and psychopathic hospital for the study of the problems of feeble-mindedness, for research, and for the education of children who do not have access to special teaching in the public school or who present special problems in mental abnormality.

This training school and psychopathic hospital might be built in connection with the present custodial institution at Winfield. This would mass

the problem of mental variation which would be an advantage as far as research activities are concerned and it would economize administrative machinery. Other phases of the problem of feeble-mindedness are discussed in the legal section of this bulletin.

#### THE BLIND AND DEAF.

The vocational competency in after life of both the blind and the deaf depends so directly upon the quality of specialized teaching they receive, that it is necessary that they be well taught in order to save them from lifelong dependency. Many soldiers will be coming back blind and deaf and in urgent need of specialized vocational training. It is a mistake not to keep these schools at their highest efficiency on the eve of a greater need than ever for highly specialized teaching machinery.

The state of Kansas, in common with many others, has deemed it the part of economy to get the work of its institutions done as cheaply as possible. This is a false economy for any institution, but more especially in the case of the blind, because they are less able to assist with the work of the school plant and require more personal assistance.

A certain percentage of blindness and of deafness is inheritable. It is known that there is a group of men and women in southeastern Kansas affected with inheritable forms of these defects (some of them former students of the state schools) who, if not properly controlled, will by their numerous progeny keep the schools for the blind and deaf people indefinitely. Another considerable percentage of blindness and deafness might have been prevented by proper attention in time to babies' eyes and ears.

The prevention of both the inherited and the acquired forms of blindness and deafness will cost infinitely less than to support and educate the unfortunate victims.

#### THE COLONY FOR EPILEPTICS.

The state of Kansas has established a colony for epileptics with a total population of 530, approximately a fourth of whom are children. There still remain many epileptics who should reside in this colony. Were the advantages both to the epileptic himself and to his community better and more widely understood, there would be fewer at large.

Epilepsy has thus far baffled medical science, but it is bound to be conquered some time, just as so many other diseases have been and are being conquered. Until that time there should be insistent and untiring research in every institution harboring these unfortunates. Instead, the state of Kansas provides only custodial care.

#### CRIPPLED AND SICK CHILDREN.

The epidemics of infantile paralysis have left a trail of pathetic little victims. This is another instance where highly specialized care is necessary if the child is to be saved from lifelong helplessness. Bone tuberculosis numbers many victims who need orthopedic, medical and hygienic treatment. Various nervous and constitutional maladies require hospital care and special medical attention. A great variety of defects aside from those mentioned should have surgical relief.

In recognition of the fact that many children in many communities



were totally unable to have proper attention, the state legislature in 1911 provided a method by which parents who are unable to pay for hospital treatment for their children might have them cared for by the hospital of the University School of Medicine at Rosedale. But the appropriation and equipment for the care of crippled children at Rosedale is entirely inadequate to meet the demands.

The state should provide the Division of Child Hygiene with sufficient funds for locating these children and the University Hospital with adequate facilities for giving them proper care.

#### THE INCORRIGIBLE CHILD.

	Population.
Industrial School for Boys, Topeka.....	239
Industrial School for Girls, Beloit.....	165

Students of childhood say that there are no bad children; there are only misunderstood children and children who have never had a chance to be good. There are also children who have inherited tendencies and mental limitations which prevent them from discriminating between right and wrong. There are others who offend because of the incessant irritation and drag of defective and undernourished bodies. These children should be no longer punished and branded with disgrace. They should be studied. The fault usually is found to reside not in the child, but in his inheritance and environment. When the fault is in the child there is all the more reason to study him, for he has a sick mind or a sick body—often both.

There is no greater need for a clearing-house and child-study laboratory than in the case of the child who rebels against his environment and wreaks his vengeance upon it in some way which makes it desirable to remove him from it. It is an infamous thing to stigmatize such a child by sending him to a reformatory or prison. This whole matter could be handled through a clearing-house system with far greater justice, economy and safety to the child than obtains under the present method of commitment. Every child should automatically be put in good physical condition. This alone will dispose of a certain number of cases. The child who is merely unfortunate and misunderstood, and who shows character in resisting a bad environment in the only way he knows, need never be sent to an institution at all. He should be placed in the care of a discriminating agent and fitted into the place he needs—a home. The child who has a perverted or retarded or abnormal mind should be placed in the psychopathic department of the proper institution. He should be studied, and helped if possible. But he will be safe, and so will society. This last class should not be kept with the children who can be helped and who are relatively normal. It is an injustice to both classes of children and to the management, since the same treatment is not applicable to both.

The weeding out of the misunderstood, the physically defective, the psychopathic, the subnormal and the degenerate will leave a small residue of "difficult" children who need careful training and study, but who may become fairly good citizens under proper care. This is the only legitimate use for a congregate school of this sort.



# CHILD-WELFARE LEGISLATION.

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For the legal research necessary to the following analysis of child-hygiene legislation in Kansas we are indebted to Edna Pierson Hopkins, LL. B., Topeka.

As the infant mortality rate is said to be the most sensitive index we possess to social welfare, so the laws relating to children may be said to reflect accurately the social tendencies of the times. Nothing is more significant of the social awakening than the many movements for the study and the improvement of legislation guarding the rights of the child.

Statutes have mainly to do with the protection of the property and the social rights of citizens, and the punishment of offenders. Statutes take cognizance of the status of the child. The law specifically exempts a child of seven years or under from punishment for crime. In the eyes of the law the child under seven can commit no crime. The law also recognizes the principle of accountability as expressed in the age at which majority is attained. Generally at eighteen or twenty-one the citizen is held to be an adult and fully accountable before the law.

What the law has not yet recognized (in line with the latest developments in science) is that the chronological birthday, eighteen or twenty-one, does not indicate necessarily that the citizen has reached that age of accountability. A twenty-first birthday does not differentiate adequately between the minor and the adult, because a considerable percentage of offenders before the law never reach the mental age of eighteen or twenty-one nor the status of accountability as an adult. They are and always will be of the mental status of a child, and so cannot properly be held to account according to adult standards of conduct.

In another respect legislation for children differs from average legislation for adults. Child legislation must look to the preventive side of offenses and crime rather than to the curative. Legislation for children must throw such safeguards about the child, his home, his parents or guardians and his environment as to make offenses against the law approximately impossible. To do this, laws for children need to follow less the established procedure or precedence in law and to follow more the latest and best discoveries in the science of child hygiene and welfare.

With the thought of stimulating an inquiry into the present status of Kansas laws for children, this short analysis was written. Only a few of the more immediately important laws were investigated, and of these a necessarily incomplete analysis is presented because of the short time and the very limited funds at the disposal of the Division of Child Hygiene. This is presented, however, with the hope that it will stimulate a thorough investigation of existing legislation for children in Kansas and that eventually a complete codification of children's laws may be effected.

### **Birth Registration.**

Scarcely a day passes but that some bewildered individual comes to the vital statistics office of the State Board of Health seeking proof that he is an American citizen and a Kansan.

France has had complete and accurate records of her citizens since 1687. Kansas has records dating only to 1911. In order to make available a permanent record of the birth of every Kansan the State Board of Health is establishing files antedating 1911 and sufficiently complete to include every citizen who will avail himself of the privilege of registering. These records will become increasingly important to succeeding generations.

Following the close of the great war hundreds of claims of various kinds will appear, in the settlement of which a demand is likely to be made for a certificate of birth as proof of citizenship. If this certificate were on file with the Kansas State Board of Health it could be had in a few minutes' time. If it is not on file the claimant will be required to go to considerable effort and expense to furnish the proper proofs.

A birth certificate is now required to obtain a passport to a foreign country, to obtain a soldier's pension, and to establish American citizenship.

A birth certificate may be required to establish identity, to enter school, to employment under child labor laws, to inherit property, to establish liability for military service and exemption therefrom, to vote, to hold title, to buy or sell real estate, to marry.

In order to make the importance of birth registration more generally known and Kansas records more complete, a request was sent to school authorities asking that they require a birth certificate as proof of age when entering school. As a further check on the birth registration, the Department of Labor requested county and city superintendents of schools to require a birth certificate in granting work permits to children. With these two checks through the school authorities, Kansas birth registration should be made practically complete.

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### **Mothers' Pension Act.**

The problem of poverty exerts a marked influence on child mortality. Whenever the standard of living drops to or below the border line of economic security, immediately the death rate of minor children begins to rise. When the father as a principal breadwinner is absent and the mother compelled to take both a father's and mother's place, the problem is still further complicated by an additional increase in child mortality and an increase of juvenile delinquency as a result of the lack of watchful care of a mother.

In recognition of this condition and to a somewhat less extent in recognition of mother's service to her state in producing children, the mothers' pension acts came into existence. The Kansas mothers'

pension act, as it now reads in Session Laws of 1917, is "An act to amend chapter 261 of the Session Laws of 1915, the same being an act to amend section 6624 of the General Statutes of 1915, relating to the poor, for the relief of widows and dependent children, and repealing said original section. This act provides that the board of county commissioners may, in their discretion, allow and pay to poor persons who may become chargeable as paupers such annual allowances as will not exceed the charge of their maintenance in the ordinary mode. Such allowances are to be paid from the funds in the general revenue fund of the county.

In order to obtain a knowledge of the practical workings of this law a questionnaire letter was sent to numerous counties asking for the number of mothers helped, the amount of money paid out for pensions by the county, the type of women given assistance, and the attitude of the commissioners toward giving pensions. A digest of the answers follows:

*County A Reports:* There are no mothers receiving the pension, but about \$400 is paid out each month to the poor of the county. None of this money is paid under the provisions of the mothers' pension act.

*County B reports:* Seven mothers were given assistance during the year. The amount of money paid out was \$804. Good, hard-working women were given the pensions. The attitude of the commissioners toward the pensions reported as being all that could be desired.

*County C reports:* Commissioners are opposed to giving pensions, because the county is an industrial center and there are so many widows that the commissioners say it would bankrupt the county to begin giving pensions. The question is asked from this county, whether or not the law would be more effective if the fund were provided by the state instead of each individual county. They suggest that as the state reaps the benefit from these industrial counties, it should share the responsibility.

*County D reports:* Six pensions were given during the year. Amount paid out, \$564. Commissioners are very slow to give pensions on account of lack of funds in the county. Type of women given aid are unfortunates who are left with large families to support.

*County E reports:* Work progressing well, but commissioners more or less hampered in the giving of pensions by the lack of funds.

Further reports and interviews with women appointed to investigate applications for funds under this act concede the same essential details: That the county commissioners as a whole would favor the granting of mothers' pensions if they had a definite fund to draw from; that trained supervision of investigations, and uniformity of method is desirable.

The adoption of a mothers' pension act in Kansas was a big step forward. But it is not enough merely to place an act on the statute books—the law must be a workable one and provisions must be made to have it carried out in proper spirit of the statute. Nor should any act be permitted to lose its force because of lack of funds by which it may be administered and the provisions carried out.



The Kansas mothers' pension law as it now stands needs further study as to the provision of funds by which the law will become effective, and as to the methods of administering which will carry out the purposes for which the act was intended.

### Children Born Out of Wedlock.

The Declaration of Independence declares all men to be born free and equal; the constitution of the United States guarantees to all life, liberty and the pursuit of happiness. Neither specifically excludes the child born out of wedlock. Yet if a child is so indiscreet as to be born without a marriage certificate having first been obtained by his parents he is deprived of a natural home, parental care, guardianship and sustenance, and he stands condemned as a quasi-criminal throughout his life.

Laws affecting children born out of wedlock are a heritage along with the rest of the common law. The Napoleonic code not only gave the child born out of wedlock no rights, but it forbade any inquiry into its paternity. The common law of England, failing to stop illegitimacy by punishment of the women, visited the punishment upon the innocent child by declaring it to be "the child of no one" (*filius nullius*), and entirely relieved those who gave life to it from all responsibility. Later laws were enacted regarding illegitimacy, not with a view of doing the innocent child justice but as a part of the poor laws, with a view to protecting the community on which fell the burden of the child's support.

The law concerning illegitimate children in many parts of the United States, including Kansas, still stigmatizes a child born out of wedlock as a "bastard." In Kansas an unmarried mother who is delivered of or pregnant with a "bastard" child may make a complaint in writing before a justice of the peace charging the father of her child, who is thereupon arrested and brought before the magistrate. If the case is sufficiently clear the accused man is held for trial before the district court. If the defendant denies the charge, the trial must be by jury.

These cases are tried in open court, usually with a large and interested audience. The girl is subject to severe and often shocking examination and cross-examination. A common form of defense is to attack and try to tear down her previous good character, often going to the length of introducing several witnesses for the defense to swear to improper relations with the girl in order to throw in doubt the paternity of the child. If the girl is successful in her suit, the man is adjudged the father of the child and is charged with its maintenance and education. If he fails to do so, he may be sent to jail, but not for more than one year. If in the meantime he should leave the state, there is no law for bringing him back as in the case of stealing a horse or selling a jug of whiskey, unless he should be charged also with criminal action.

The law primarily does not protect the child and the mother, but the possible father. *She and her child are guilty. He is guilty only if she can prove it.* And the length of publicity and public humiliation to which she must go in order to prove paternity and obtain support for her child is scarcely worth the effort. If the mother is ignorant of the law,

or if, as the case often happens, she is poor and without friends or is of low mentality,\* she can obtain no redress whatever.

As a result of this condition, a girl who finds herself in trouble generally flees to a distant city to hide her shame.† Often she does not give her right name. She goes to the hospital alone, and there alone she brings forth her child. When she has again recovered her strength, she goes on her way alone. Or, with a courage beside which ordinary heroic achievements pale into insignificance, she takes up the unequal burden of supporting them both—she an “outcast” of society, her child a “bastard” before the law.

One of the most potent signs of the awakening social consciousness is the agitation for an improvement of the conditions of the unmarried mother and her child. One proposed remedy which has received a great deal of public attention is the so-called Castberg law, now in force in Norway. Under the Castberg law the burden of proof is thrown upon the reputed father, who is guilty until he proves his innocence. If more than one man may be the possible father of the child, each may be held liable to contribute to its support.

Any proposed statute for the protection of a child born out of wedlock should provide for the legal status of the child, its maintenance and education, and should relieve the mother of the cost and entire responsibility for the action. The guiding spirit of such a law should be the welfare of the child. To this end the court should be empowered to decree whether the child takes the name of the father or the mother, how much each shall contribute to his support, including cost of confinement and cost of suit, which one shall have the custody of the child, and all such other necessary power to give the child all its legal rights as though it were born of lawful wedlock.

Laws now enacted by progressive states provide that any interested person (by permission of the court) may bring action to determine paternity; that the service may be obtained by publication instead of arrest and the case heard in closed court, that the evidence may be sealed, and that the right of extradition be provided. Should the court find the defendant to be the real father of the child, it enters a decree that the child is to all legal intents and purposes the child of the natural father and entitled to all the rights pertaining thereto.

### Abuse of Children.

A man who cruelly assaults and beats a defenseless child merits the suspicion that he is either under the influence of alcohol or drugs, or that he is insane or degenerate. Such a man is not a safe person to be at large in the community.

Under the Kansas law (section 6403, General Statutes of 1915) the offense of assault of a child is still regarded as only a misdemeanor. The

\* “The result of two separate tests leads to the conclusion that not more than 20 percent of the unmarried mothers cared for by the obstetrical service of ——— General Hospital may safely be pronounced normal.” From *Mentality of the Unmarried Mother* by Jean West, Asst. Director, Psychological Clinic.

† Girls from neighboring states come to Kansas. Kansas girls go to Missouri, Oklahoma and Colorado.



maximum penalty is a fine of \$250 and imprisonment in the county jail for a term not to exceed one year.

Inadequate as this statute is, in actual practice the offender may be let off with a very much lighter sentence if he is apprehended by the police and brought to trial in a police court. Although the district court has concurrent jurisdiction, the county attorney as a rule does not prosecute a man who has already been convicted in police court on a charge of this nature.

Attention was called to this unfortunately common method of procedure and to the inadequacy of the present statute by the case of Ollie Bussy, who was arrested and convicted of cruelly beating an eighteen-months-old baby. Competent testimony established the fact that the child had been most outrageously and atrociously assaulted. The judge imposed a fine of \$100, the maximum penalty under city ordinance 1203, Revised Ordinances, City of Topeka, 1916. Upon investigation it was found that Ollie Bussy had had a long criminal record, and that at the time he was on parole from the penitentiary. He was returned promptly to the Penitentiary on violation of his parole.

Had Ollie Bussy not been on parole, and his parole not been revoked, the only punishment he would have received for the offense of beating a helpless baby would have been the \$100 fine. Had the county attorney also prosecuted him he might have received an additional fine of \$250 and imprisonment of not more than one year in the county jail, which altogether does not seem an adequate sentence for this crime.

What has happened in Topeka can happen elsewhere, and probably is happening. To brutally assault a child is such a heinous offense that whenever such cases come before the attention of the citizens or police they ought at once to lay the evidence before the county attorney in order that the offender may be given immediately the maximum penalty of the law.

Crimes against children aptly illustrate the inadequacy and incompetency of the present procedure in law as to the punishment of crime. The whole modern tendency of science is towards prevention rather than cure or punishment. The proper protection of children demands that the law keep abreast of science.

When Ollie Bussy committed his first offense in all probability he would have been recommended by a psychologist for permanent custodial care. Certainly after a proper examination into his mental condition he would not have been released from custody repeatedly, only to commit other and more serious offenses for which he must be retried and re-sentenced. The cost of such procedure undoubtedly is many times that of the preventive method, and furthermore so clumsy and inefficient that it ought not to be tolerated.

The remedy in the law may be through the establishment of a state bureau of mental examination, accessible to all courts, with provision in court for the appointment of a qualified mental examiner. When a mentally irresponsible person with criminal instincts is once apprehended he should be retained in permanent custody of the state. Such a procedure would prevent the majority of repetitions of offense and violations of parole which contribute to a long criminal record.



## Care of Feeble-minded Children.

Feeble-mindedness is an inheritable defect. No normal child ever has been born to feeble-minded parents. If one parent is feeble-minded and the other is normal the child has about an even chance of being feeble-minded or apparently normal. This normal child, however, transmits feeble-mindedness to his offspring, and a certain percent of them will be feeble-minded.

To permit a feeble-minded or otherwise mentally irresponsible person to have offspring is a rank injustice to the child, to the parent and to the state. Common justice and fairness demand that a feeble-minded child or child of mentally irresponsible persons, having once been born, be given every opportunity for the fullest possible development of his feeble talents. This is necessary to make him self-respecting and self-supporting, and to give him a small measure of happiness which is a poor enough return for the injustice already inflicted upon him.

The legislative committee of the Kansas Commission on Provision for the Feeble-Minded investigated the existing legislation regarding feeble-mindedness in this state. The following is an excerpt from their report. A full report of the Commission will be published later:

"Session Laws, 1881, chapter 35 (section 9671, G. S. 1915), established an institution for the education of idiots and imbecile children, to be denominated the 'Kansas State Asylum for Idiotic and Imbecile Youth.' Session Laws, 1909, chapter 233, changed the name of the institution to the 'State Home for the Feeble-Minded.' The institution was originally intended to be a training school for these unfortunate children. As there has been no sufficient provision for educating such children as might be trained, it has been permitted to become a custodial asylum for low-grade feeble-minded.

"A larger appropriation is necessary to provide a modern training school at Winfield and to establish colonies in order to segregate properly the various grades of feeble-minded into such groups as would best facilitate their training and care. In connection with this training school a properly equipped medical and psychological clinic should be established to give these children the most favorable classification and treatment. If this were done, parents of mentally backward or feeble-minded children would cheerfully send their children for such special training as they require, just as parents now send their children to the State School for the Blind or Deaf. This would better the condition of the children and relieve the communities of hundreds who are now a drag in the school room, who exercise a degenerating influence on the younger children with whom they are associated, and who, as they grow older, constitute a steady and constant stream of petty criminals.

"Admission to the Winfield institution is now on application of parent or guardian. There being no commitment law in the state, no court has the authority to commit a feeble-minded person, even though he may be a public nuisance or menace.\* Frequently it happens that the parent or

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\* Section 6098, General Statutes of 1915, provides for inquiry to be made when verified information in writing is given that any resident of a county is insane, a lunatic, an idiot, an imbecile, a feeble-minded person, drug habitue or habitual drunkard, and for any of these reasons is incapable of managing his affairs.

Section 6100, General Statutes of 1915, provides that if the jury impaneled to try the case finds that the person is insane, a lunatic, an idiot, an imbecile, a distracted person, a feeble-minded person, a drug habitue, an habitual drunkard, or one incapable of managing his affairs and in need of a guardian, the court may, if it finds that such order is necessary, appoint a guardian of the person or estate of such person, or both, as the circumstances of the case may require.

Section 6107, General Statutes of 1915, provides that every probate court by whom

guardian (if he be a relative) of the feeble-minded person is of such low-grade intelligence that he himself is a proper person for custodial care. The absurdity of the lack of proper commitment power by the courts immediately becomes apparent.

"The legislative committee therefore recommends:

"*First:* That the name of the State Home for Feeble-minded be changed to the State Training School, and that sufficient appropriation be made to restore the original purpose of the institution.

"*Second:* That a proper commitment law for feeble-minded be enacted, enabling the state, when the best interests of society or the individual demand to transfer a feeble-minded child or adult to this institution.

"Such legislation, and sufficient appropriation to carry it out, both as to the letter and the spirit of the law, would enable Kansas to care for the feeble-minded in a scientific manner, and in the way demanded by modern ideas for the care of these unfortunates."

### **Physical Inspection of School Children.**

Before starting on a long journey the careful automobilist makes certain that his machine is in perfect condition for the trip. Even starting with a perfect machine, a long trip is likely to bring out or develop unsuspected defects. Just as logical as the careful inspection and repair of an automobile preparatory to a trip is the examination and treatment of the defects of a child before starting to school each year. A parent or guardian of a school child needs to be certain that the child can see well, that he hears well, that his teeth are good, and that he is free from defects which will interfere with his health and school progress.

But granted that a child starts to school in perfect condition, a parent has no assurance that his child will not come in contact with children who have not had such care. Neither has he any assurance that his child will not be exposed to contagious diseases or to conditions which may be attended with unpleasant if not dangerous consequences. The majority of all children attending school are without proper protection from the spread of communicable diseases, and their minor physical ailments are undiscovered and neglected. Only a few states and a few large cities have made legal provision for periodic inspection of school children, and still fewer of them are providing adequate methods of treatment. This legal protection should be extended with all possible rapidity until every child in the country is thus safeguarded. No parent can feel secure as to the health protection of his own child until all the children with whom his child comes in contact are also protected from contagion and from all conditions coincident with school life which affect the health of any child unfavorably.

Sections 9099 and 9100, General Statutes of 1915, provide for the expenditure of school funds for dental inspection in cities of 40,000 or over. These sections should be enlarged to permit all school boards to use school funds for the employment of school nurses, doctors and dentists, for the establishment of school clinics, and for such other measures as will insure the complete protection of all school children.

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any such person is committed to guardianship may make an order for the support, care and safe-keeping of such person. In this roundabout way the guardian and the probate court may send the person to Winfield.



### **Marriage.**

The prevalence of divorce and the numbers of children of ill-considered and unfit marriages, handicapped at the start by mental, physical and economic limitations, compels the conclusion that marriage is not adequately safeguarded by law.

Many of the spur-of-the-moment and ill-advised marriages would be prevented if the statutes required a five days' notice for the issuing of the marriage license. Several of the states already have legislation along this line.

Wisconsin requires that not less than five days previous to persons being joined in marriage a license shall be obtained from the county clerk of the county in which the female resides, or if not a resident of the state, then from the county where the marriage is to take place in the state. In addition Wisconsin requires a health certificate certifying that the male applying for the license has been examined with fifteen days prior to application for license to marry, and is free from venereal disease. Massachusetts and New Hampshire also require a five days' notice for a marriage license.

The Missouri children's code commission recommends that common-law marriages be abolished, and that there should be an interval of five days between the application for a marriage license and its issuance. The marriage of feeble-minded, epileptic and insane is already prohibited.

Kansas forbids the contracting of marriage within prohibited degrees of relationship. It also forbids the issuance of a license to epileptics unless the female is over forty-five years of age, and the marriage of the insane, but there is no provision for the necessary supervision as to make these laws effective. Ultimately Kansas should provide that no marriage license may be issued until both parties present certificates of mental and physical fitness for caring for themselves and their progeny, and in every case there should be at least five days' notice of the intended marriage.

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### **Compulsory Education and Child Labor.**

According to the federal census of 1910, 6,857 Kansas children between the ages of ten and thirteen are at work. The undesirable character of jobs offered to children who leave school early causes them to change their employment constantly. By so doing they acquire habits of shifting, which habits are not only hard to overcome, but leave an undesirable mark on their character.

Every year 23,000 American children between the ages of nine and fifteen are injured, crippled or lose their lives by playing in other dangerous places and by accidents in industry. In addition to the direct injuries to the young child in industry, he is likely to be so injured in body and so stunted in mind by the long hours and unhealthy conditions that in later life he finds it impossible to compete successfully with the more fortunate workers who were protected in childhood.



The federal child-labor law, which offered direct protection to more than 150,000 children, was recently declared unconstitutional. These children are now without any protection except such as their respective states afford them. Perhaps one of the best protections against child labor and its attendant degenerating influences on childhood is a good compulsory education law rigidly enforced. The census of 1910 reports 28,968 illiterates over ten years of age in Kansas.

Section 9415, General Statutes of 1915, provides that every parent, guardian, or other person in the state of Kansas having control or charge of any child or children between the ages of eight and fifteen years, inclusive, shall be required to send such child or children "to a public school or a private, denominational or parochial school, taught by a competent instructor, each school year for such period as said school is in session." The age limit in this section has been enforced heretofore to the fifteenth birthday.

The attorney-general gave an opinion May 28, 1916, on section 9415 as follows: "In my judgment it includes those (children) between their eighth and sixteenth birthdays. The language without the word 'inclusive' would include all children between their eighth and fifteenth birthdays, and it was evidently the intention of the legislature, by the use of the word 'inclusive,' to include those in the sixteenth year; otherwise the word 'inclusive' would have no meaning."

The attorney-general goes on to state in the same opinion that chapter 227, Session Laws of 1917, generally spoken of as the "child-labor act," controls and limits section 9415, since legally no child under the age of sixteen can be regularly employed in any of the occupations mentioned in the act unless he has the work permit, which permit he cannot have unless he has completed the course of study prescribed for elementary schools.

This opinion properly connects the two laws as they should be, and removes the discrepancy which has caused so much trouble in the enforcing of both laws. The state of Kansas is now in a position to put into effect at once a most modern law for the education of children. With the coöperation of parents, employees and school authorities, standards may be promoted which will further advance the welfare of Kansas children.

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### **Adoption.**

The best interests of children and of society demand that every child have a good home. Where a child is deprived of his natural home by reason of death or disability of his parents, the law provides means by which he may be taken by foster parents and become an actual member of their family, entitled to all the rights and privileges of a natural child.

In Kansas, section 6361, General Statutes of 1915, provides for the relinquishment of parental rights by the natural parent. In this section it is contemplated that relinquishment shall be had in the court of the county where the natural parent resides.

Section 6362 deals with the adopting parents, and provides that any person may go into the probate court of a county in which he resides and

offer to adopt a child. When the adopting parents live in one county and the natural parents live in another, the question arises whether an adoption proceeding can be split up, part of it being made in one county and part in another.

Section 6362 also provides that the "court shall investigate the matter," and if the probate court "on investigation finds the person offering to adopt some minor child is unfit or financially unable," such court shall refuse to permit such adoption to be made. The spirit of this section is clear, but there is no provision made in any section relating to adoption for the making of such investigation, other than for the judge to require such persons to appear before him for such personal inquiry as he is able or inclined to make.

Section 6369 provides that parents may relinquish their children to corporations authorized to receive children. This relinquishment is in writing, and the corporation acquires the legal custody of the child.

Sections 6369 and 6361 not being connected, child-placing agencies, wholly in good faith, have acted upon the assumption that section 6369 was sufficient by itself. This has led to difficulties in the way of proving inheritance to property, the court holding that adoption by contract between parties is not sufficient to make the child the legal heir of the adopting parties. (See 98 Kansas, 620.)

In a matter so vitally important as the relinquishment and adoption of children it is very necessary that the laws be so clear and concise that they leave no room for doubt or misinterpretation. An irregular adoption may lead to very serious difficulties in the inheritance of property and the establishment of other legal rights.

The investigation of possible homes for orphaned and destitute children, and the investigation of such children physically, mentally and socially as to their fitness for adoption into normal homes presents another very difficult problem. Neither the courts, children's institutions, child placing societies nor the state is at present equipped to undertake such necessary investigations as to prevent injustices to the children and the homes into which they are adopted. And under the present system it is not possible for such investigation and records as may have been made by one society, court or state to be made available to all the other societies, organizations or courts that may become interested in a given child or family.

The whole problem of supporting and educating the child wards of the state is at present in a chaotic condition. Helpless infants and children are being exploited in unlicensed boarding homes, or cared for in meagerly supported, badly managed, unstandardized private institutions, or consigned to the custody of state institutions which are not up to modern standards—institutions which are too prone to put an institutional stamp upon the child, institutions in which the same atmosphere of repression prevails that is found in penal, correctional and insane institutions.

The whole plan needs revision, so that it will become comprehensive enough to bring all helpless minor children under direct custody of the state, and organic and scientific enough that the state will be able to give every one of these potential citizens a square deal and assure itself of a definite unit of good citizenship.



## Licensing Homes for Children, and Maternity Homes.

The statutes of Kansas require:

A license to run a private boarding house for adults; no license for conducting a private boarding house for helpless children.

A license to run a private hotel for adults; none for operating a paying institution for children.

A license to operate a private hospital for sick or insane; none for operating a private hospital for expectant mothers and their helpless babies.

In other words, the Kansas statutes specifically protect adults from insanitary surroundings and from being exploited, *but it makes no such provision for helpless babies and children in private institutions.*

Any incorporated institution in the state of Kansas must apply for and be granted a charter from the State Charter Board. The statute provides for the inspection by the State Board of Administration of private, charitable institutions receiving state aid (section 9586, statutes of 1915, and for those soliciting funds outside of their own county (chapter 132, Session Laws of 1911). The State Board of Health regulations provide that all state charitable institutions shall be inspected annually. *But there is no provision for one definite board, commission, or other central authority whose specific business it is to look after all institutions and societies harboring or caring for dependent children.* As a result, these inspections have been more or less haphazard and without any special directed effort of *one agency whose business it is to see that such inspections have been followed up, and that such orders as may have been issued are carried out.*

Reports of inspections of children's institutions on file with the State Board of Health are the best possible argument for the need of a strict license and supervision over all homes or institutions, public or private, harboring children or defenseless expectant women. Such license should provide for strict inquiry into the character of the person or persons applying for the license; evidence of the need or demand for the proposed type of home or institution; strict classification of inmates as to what ages, kinds and classes of inmates, and how many may be housed in a given home, and for such other requirements as may be necessary to assure helpless women and children decent surroundings and scientific and humane care. Specified provisions are very necessary to prevent persons suffering with tuberculosis, syphilis and other communicable diseases being housed with children, also to prevent children of tender age from being housed with confinement cases, or with aged indigents, insane, feeble-minded, police cases and other improper persons.

The license should provide for at least an annual or semiannual inspection, and for such further inspections as may be necessary by regularly salaried trained inspectors, such as are now employed by the state to inspect livestock, hotels, dairies and places employing labor. It should include the necessary authority to issue orders and provision for carrying them out. The license to operate an institution should be posted in a public place in such institution.



A health and hygiene license provided by the State Board of Health, together with the present regulation and license for solicitation of funds by the Board of Administration, will give a valuable double check on children's institutions, both public and private. With such regulation and supervision it would only be a question of time until all the better institutions could be strengthened and improved, while the improper ones could be made to clean up or get out of business.

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### **Women and Children in Industry.**

Because of the maternal functions, the protection of women in industry is even more important than the protection of men. The strain of continuous standing, bad hygiene and overwork, to which young women may be subjected in stores and factories, is responsible for such ill health as seriously interferes with childbearing functions. Protection of women in industry is necessary not only to safeguard the labor supply, but to conserve the nation's human resources.

The Kansas Industrial Welfare Commission, whose powers are set out in Chapter 108, General Statutes of 1915, establishes the regulation of hours, wages and sanitary conditions of women and children. This Commission has made regulations governing hours and wages for mercantile establishments, laundries and telephone companies. Just as soon as the necessary investigations can be made, the Commission will establish regulations covering other industries.

While the hours and wages for women vary with the degree of skill necessary to the occupation, the intent of the Kansas regulations is that women and minors shall be paid a living wage; that they shall not work too long hours, and that they shall work in sanitary surroundings.

In the process of the working out of any progressive measure, misunderstandings, minor injustices and complaints are likely to arise; also strenuous opposition from those who profit from exploited labor will be encountered. The rulings of the Industrial Commission are based on the theory that women and children are entitled to work in decently clean surroundings and for a living wage. If the industry cannot afford the cost of sanitary surroundings and living wages, neither can Kansas afford to allow her women and children to be used up to supply the deficit.



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